



**Church of the Epiphany**  
**827 Vienna Street**  
**San Francisco, CA 94112**  
**Phone (415) 333-7630 Fax (415) 333-1803**



## **PARISH REGISTRATION FORM**

Family Name: \_\_\_\_\_ Date moved into Parish: \_\_\_\_\_

Address (Street/ City/ Zip): \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

\* **Husband's Name** (First, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments: \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation

\* **Wife's Name** (First, Maiden, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments: \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation

Marital Status: \_\_\_\_\_ Do you wish to receive Offering Envelopes: \_\_\_\_\_

**\* Please list children:**

| Name: | Boy/Girl: | Birth date: | Baptism: | Communion: | Confirmation: | School: |
|-------|-----------|-------------|----------|------------|---------------|---------|
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|       |           |             |          |            |               |         |
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|       |           |             |          |            |               |         |

**OFFICE USE ONLY:**

**ENTERED BY & ON:** \_\_\_\_\_ **PDS#:** \_\_\_\_\_