## St. James Catholic Church

Parish Office 124 N. Pacific Coast Highway Redondo Beach, CA 90277 (310) 372-5228

## **Parish Office Use Only**

Envelope #: Parish Zone: Date Entered:

## **Confidential Parish Registration Form**

Please Print All Information														
Family Name:	Street Address/P.O. Box:  Date Form Completed:					Apt#:	City:				Zip:			
Telephone Number: (unlisted Y o														
Enter First Name of Each Family Member (include children and maiden name if married)	Title 1=Mr 2=Mrs 3=Ms 4=Miss 5=Dr	1=Married 2=Single 3=Widow	Married in a Catholic Church (Y or N)	Religion  (other than Catholic)	Other Language Spoken (other than English)	Occupation (use student if applicable)	Name of Employer or School		Highest Level of Education  K=Elem. H=High School C=College G-Grad School	Date of Birth (//)	Baptized (Y or N)	First Communion (Y or N)	Confimation (Y or N)	Date Married (//-
Our family would like wee	kly do	nation enve	lopes	sent to our	home: Ye	es or N	O (please c	ircle your preference)	<del>'</del>			ı	ı I	
If you would like to sign u	ıp for o	online giving	g pleas	se contact 1	-866-507-8	757 or <u>info</u>	<u>@faithdire</u>	ct.net Our par	rish number	is CA560				
Email Address:									lletin via e-mail			to		
(print e-mail address neatly) (alternate					ate e-mail add	ddress, if applicable) our website at <u>www.saintjames.church</u>								