



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:

OFFICE USE ONLY:

ENTERED BY & ON: _____ **PDS#:** _____