

GOOD SHEPHERD PARISH ~ CONFIDENTIAL FAMILY REGISTRATION FORM

LAST NAME: _____

Head of Household _____

Spouse/Significant Other _____

Marital Status: (circle one)

- Single, never married
- Married by priest or deacon
- Married by other
- Widowed
- Divorced
- Separated
- Other _____

Address _____

City & Zip _____

Phone _____ Cell _____

Mass Attendance: (circle one)

Seldom Occasional Regular Frequent

Volunteer

I will volunteer to help my church by: _____

(ie, ministry, maintenance, money counting, sacristan, etc)

ELECTRONIC DONATION TRANSFER FOR SUNDAY GIVING

Please enter the amount to be deducted from your account:

\$ _____ Weekly (Transferred every Monday)

\$ _____ Semimonthly (Transferred on 1st & 14th)

\$ _____ Monthly (Transferred on 1st or 15th—indicate preference)

\$ _____ I wish to give this amount electronically weekly for 2nd collections using the same account information

CREDIT CARD OPTION

Credit Card Type _____

Credit Card # _____

Expiration Date _____

Zip code where statement is sent _____

CHECKING ACCOUNT OPTION

Simply attach voided check

I authorize Good Shepherd Church to process entries from my credit card or checking account as noted above. This authority shall remain in effect until I give reasonable notification to terminate this authorization.

	HEAD	SPOUSE/ OTHER	CHILD/ OTHER	CHILD/ OTHER	CHILD/ OTHER	CHILD/ OTHER
First Name						
Last Name						
Sex (m/f)						
Marital Status						
Religion						
Language						
Occupation						
School/ Grade						
Birthdate						
Baptism (y/ n)						
FHC (y/n)						
Confirma- tion (y/n)						

CHURCH OF THE GOOD SHEPHERD
3200 Harbor Street
Pittsburg, CA 94565
Atten: Registration