

CORPUS CHRISTI PARISH
PO Box 1878
Tahoe City, CA 96145
530-583-4409 (Fax) 530-583-1408

PARISH REGISTRATION

Please fill out this registration form and either mail, fax or place it in the offering basket at Mass. Thank you.

Date _____ Please list all members of your household. If additional space is needed use back of form.

Local PO Box _____ City _____ State _____ Zip _____

Local street address _____ Locale _____

Phone numbers: Home _____ Work _____ Fax _____

Part-time parishioners: Address _____

Phone number _____

1. Last name / Maiden name _____ First _____ MI _____
Salutation _____ Familiar name _____ Gender _____ Birthdate _____

Check appropriate status yes/no

Religious Affiliation _____ Baptized _____ First Communion _____ Confirmation _____

Marital: Single _____ Church Marriage _____ Civil Marriage _____ Widowed _____ Divorced _____

Students: School Attending _____ Grade _____ HS Graduation Date _____

2. Last name / Maiden name _____ First _____ MI _____
Salutation _____ Familiar name _____ Gender _____ Birthdate _____

Check appropriate status yes/no

Religious Affiliation _____ Baptized _____ First Communion _____ Confirmation _____

Marital: Single _____ Church Marriage _____ Civil Marriage _____ Widowed _____ Divorced _____

Students: School Attending _____ Grade _____ HS Graduation Date _____

3. Last name / Maiden name _____ First _____ MI _____
Salutation _____ Familiar name _____ Gender _____ Birthdate _____

Check appropriate status yes/no

Religious Affiliation _____ Baptized _____ First Communion _____ Confirmation _____

Marital: Single _____ Church Marriage _____ Civil Marriage _____ Widowed _____ Divorced _____

Students: School Attending _____ Grade _____ HS Graduation Date _____

4. Last name / Maiden name _____ First _____ MI _____
Salutation _____ Familiar name _____ Gender _____ Birthdate _____

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Religious Affiliation _____ Baptized _____ First Communion _____ Confirmation _____

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