For Office Use Only			
Env#: _	Parish Soft:		
OSV: _	Starter Set:		
Initials:	Date:		

## St Basil Parish Family Registration 1225 Tuolumne St, Vallejo CA 94590 (707) 644-5251 Fax: (707) 644-1423

	Registration Date:		
Last Name:	First Name(s):		
Mailing Name:			
Address:			
		Zip:	
Home Phone No.:	Cellphone No.:		
Email Address:			
Spouse Name (if married):			
Spouse Contact No.:	Email Addro	ess:	
I would like to receive	contribution envelopes. (Online Giving).		
	Dependent Children / Relat	tives	
1.			
2			
3	<del></del>		
4			
5			
6			

## Please share your talents with your Parish: Check Box/es

Altar Servers	Legion of Mary	
Altar Society	Liturgical Dancers	
Baptism Preparation	Liturgy Committee	
Charismatic Prayer Group	Missionary Families for Christ	
Catholic Daughters of the Americas	Music Ministry	
Extraordinary Minister of Holy Communion at Mass	Extraordinary Minister of Holy Communion for the Sick & Homebound	
Environment	Mother of Perpetual Help	
Finance Council	Pastoral Council	
Friday Adoration	Religious Education	
Friends in Faith	St. Vincent the Paul	
Guadalupanas	Teen Apostles in Christ	
Health and Wellness	Young Adults Group	
Hospitality	Simbang Gabi	
Knights of Columbus	Other -	
Lazarus		
Lectors		