

Mater Dei Catholic Parish

P.O. Box 212047 - Chula Vista, CA 91921 - Phone: 619.656.3735

Becoming A Member of the Parish Form

You may download and print this form. Please complete and bring it with you to the Parish Office when you decide to become a parishioner. A Parish Staff will be there to assist you, Please take time to engage in a friendly pastoral interview and take a tour of the parish buildings as part of the process. An Evening of Welcome & Orientation will also be scheduled for you. Thank You!

Family Last Name (Pls. Print) : _____ Registration Date: _____ / _____ / _____

Current Address (Pls. Print) : _____
Street Name City Zip Code

Husband's Name (If Single, Your Name) (Pls. Print)

First Middle Last Birth date Occupation

Home Phone / Mobile Phone / Work Phone / E-Mail Address

Wife's Name (Pls. Print)

First Maiden Name Last Birth date Occupation

Home Phone / Mobile Phone / Work Phone / E-Mail Address

Very Important



Day Time Phone: _____ (Monday to Friday between 9:00 am -5:00 pm)

Marital Status: Catholic Church Marriage Civil Marriage Single

Children / Other Family Members in household: (If children/family members are 18 yrs or older and working, we encourage them to register themselves separately).

1) _____ Male Female _____
First Middle Last (If Different) Birth Date Relationship

2) _____ Male Female _____
First Middle Last (If Different) Birth Date Relationship

3) _____ Male Female _____
First Middle Last (If Different) Birth Date Relationship

4) _____ Male Female _____
First Middle Last (If Different) Birth Date Relationship

INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL

FOR OFFICE USE ONLY:

ENV # _____

EWO _____

Received By: _____ PSSOE: _____ WLCP: _____ APS: _____ PS: _____ REP _____ BAPTISM _____