# *St. Patrick Parish Registration Form*

Mr. _____ _____
First Last

Mrs./ Miss/ Ms. _____ _____
First Last

**Address Mailings to:** _____

_____

**Address**

Street: _____

City: _____State: _____ Zip:_____

Phone: _____ Email: _____

St. Patrick Parish only records donations made through the use of Sunday Envelopes. Would you like to participate in the Sunday Envelope Program?

Please circle one: Yes No

Would you like to do volunteer work for St. Patrick Church or for an activity associated with the Church?

Please circle one: Yes No

Volunteer Task: _____

Registration Date: _____

If you have any questions, please contact the Parish Office at 415-924-0600

Please Return this form to: St. Patrick Parish
114 King Street
Larkspur, CA 94939

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For Office use only

Envelope Number:_____ Entered by: _____ Date: _____