

Church of the Resurrection

725 Cascade Drive, Sunnyvale, California 94087-3157 (408) 245-5554 Fax: (408) 245-5589

Family Surname: _____ Home Phone: _____

Name Format for Mailings: _____
(For Example: Mr. & Mrs. John Smith OR John and Jane Smith)

Street Address: _____

City: _____ Zip: _____
(Please Include +four if you know it.)

Mr. & Mrs. Mr. Mrs. Miss Ms. Other _____

First Name of Head of House: _____ Email Address: _____

Interests: Lector Min. Eucharist Music Usher Art/Environment Outreach
 Maintenance Relig. Teacher Hospitality Min to Sick Other _____

First Name of Spouse: _____ Email Address: _____

Interests: Lector Min. Eucharist Music Usher Art/Environment Outreach
 Maintenance Relig. Teacher Hospitality Min to Sick Other _____

<i>Children (or other adults)</i> [If surname is different, include & underline.]	Gender	Date of Birth	Baptized?	Grade/Degree
Name: _____	M F		Yes No	
Name: _____	M F		Yes No	
Name: _____	M F		Yes No	
Name: _____	M F		Yes No	
Name: _____	M F		Yes No	
			<i>(Office Use)</i>	
Today's Date: _____			Env. Num. _____	

Please print out and mail, fax or bring to the church or rectory. Thanks and welcome to Resurrection!