\square M \square F

Y N H U

 \square M \square F

Y N H U

 \square M

 $\Box F$

Y N H U

& Ext. Grade Sex

Birth Date (G) Baptism

Date

 \square M \square F

Y N H U

Office Use:	Family Las	st Name:		First:		Spouse:				
Env./	` '		□ Mrs. □ Ms. dress:			State:	Zip:			
Area./		Home Phone: () Cell Phone: () (C) UNL.: □ Yes □ N Email: Date Registered://								
Dioc./	(D) Marital	Status: 🗆 Chu. N	Mar. □ Mar. □ S	ing. □ Div. □ Se	ep. 🗆 Wid. Chil e	dren At Home:				
	Will Use Er	nvelopes: □ Yes	□ No Church A	\ttendance: □ Fr	equent □ Regula	ar □ Occasional	□ Seldom			
Comments or Rei					<u> </u>					
San Secor	ndo d'Asti Church,	P.O. Box 1056, G	Suasti, CA 91743	Ph.: (909) 390-001	11 Fax: (909) 39	90-9919				
	Head	Spouse	Child	Child	Child	Child	Other			
First Name										
Last name (if										
different maiden										
name/spouse)										
Envelope										
Marital Status										
Religion										
Handicap										
(E) Languages	1:	1:	1:	1:	1:	1:	1:			
Spoken	2:	2:	2:	2:	2:	2:	2:			
Occupation										
(F) Location										
Business Phone										

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Y N H U

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Y N H U

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Y N H U

	Head	Spouse	Child	Child	Child	Child	Other
Penance	Y N H U	YNHU	Y N H U	YNHU	YNHU	Y N H U	YNHU
Date							
1st Communion	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U	YNHU
Date							
Confirmation	YNHU	YNHU	YNHU	YNHU	YNHU	YNHU	YNHU
Date						//	
Marriage	YNHU	YNHU	YNHU	YNHU	YNHU	YNHU	YNHU
Date							
	YNHU	YNHU	YNHU	YNHU	YNHU	YNHU	YNHU
Date							
Ministries/Talents							
Ministries/Talents							
Ministries/Talents							
Ministries/Talents							
Ministries/Talents							
Would like to							
volunteer for							
Would like to							
volunteer for							

INSTRUCTIONS

- (A) Check the title: Mr./Mrs., Mrs., etc.
- (B) If you have a Post Office Box to receive mail, enter it.
- (C) **UNL** after the telephone number means your number is not to be public.
- (D) Marital Status means the following: **Chu. Mar.** = Married by a Priest **Mar.** = Married by a minister, etc. **Sing.** = Single **Div.** = Divorced **Sep.** = Separated **Wid.** = Widowed/widower
- (E) Enter in languages spoken in the home, with the main language first. (i.e. 1. English 2. Spanish or 1. English/Spanish 2. German)
- (F) Enter the location of employment or if attending school, the name and/or location of the school.
- (G) **All dates require a Month, Day and Year**. Circle the following: **Y** = If date unknown, but the sacrament was received. **N** = Sacrament has not been received. **H** = Sacrament received at San Secondo d'Asti Catholic Church **U** = Unknown (If no information is known of the sacrament) Enter the membership in church organizations or any volunteer work being done. There are five (5) spaces for ministries/talents, and two (2) for volunteer work. If more space is needed please use another paper and attach to this form.