

OUR LADY OF THE ASSUMPTION/SAN FELIPE MISSION CATHOLIC CHURCH

Name of head of household: _____
Last name
First name
M. initial

Occupation: _____ Date of birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip code: _____

Name of spouse: _____
Last name
First name
M. initial

Spouse's occupation: _____ Date of Birth: _____

Is marriage by: _____ Church _____ Civil _____ Common Law

Number of children in household: _____ Household primary language: _____

CHILDREN

Name	Age	Date of Birth	Baptism	Holy Eucharist	Confirmation	Grade	CCE Grade

ADULTS

Name	Baptism	Holy Eucharist	Confirmation	Educational Level Achieved	Ministry Interest

Do you have envelopes? _____ Yes _____ No If yes, envelope number: _____

Registration Date: _____