

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: _____ Phone: _____

Email: _____

Address: _____ City: _____ Zip code: _____

Length of time at identified address: _____ years _____ months Rent _____ Own _____

This home is: _____ Two parent _____ Single parent _____ Single adult _____ Widow(er)

If two parents, 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

Is family receiving envelopes? _____ Yes _____ No If yes, envelope number: _____

If no, would you like to receive envelopes? _____ Yes _____ No

Registration Date: _____

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