

MISSION SAN LUIS REY PARISH

Today's Date ____/____/____

PLEASE _____ PRINT

Title (Please Circle One): Mr./Mrs. Mr. Mrs. Ms. Miss Other: _____

Name _____ / _____ / _____
Last Name First Spouse's First Name

Address _____ Apt _____

City _____ Zip _____ Phone (_____) _____

His Cell Ph: (_____) _____ Her Cell Ph.: (_____) _____

E-mail: _____@_____

Office Use Only:
Envelope # _____

4070 Mission Ave. - Oceanside CA 92057 -- Ph. (760) 757-3250 - Fax. (760) 757-3299
 Website: www.sanluisreyparish -- E-mail: mslrp@sanluisreyparish.org

1. FIRST NAME	MALE		FEMALE		CHILD		CHILD		CHILD		CHILD		OTHER	
2. MARITAL STATUS (Church/Civil)														
3. RELIGION														
4. LANGUAGE SPOKEN <i>OTHER THAN ENGLISH</i>														
5. OCCUPATION, IF RETIRED, PREVIOUS OCCUPATION														
6. ETHNIC GROUP (OPTIONAL)														
7. SEX	M		F		M	F	M	F	M	F	M	F	M	F
8. BIRTH DATE MO./DAY/YR.	/	/	/	/	/	/	/	/	/	/	/	/	/	/
9. BAPTIZED?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
10. 1 ST COMMUNION	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
11. CONFIRMATION	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

Would you consider volunteering one hour for your Parish this year? YES _____ NO _____ MAYBE _____