

MISSION SAN LUIS REY PARISH

REGISTRATION FORM



PLEASE PRINT

Today's Date ____/____/____

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.: (____) _____

Office Use Only:
Envelope # _____

E-mail: _____ @ _____

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
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