

## BASILICA OF SAN ALBINO REGISTRATION FORM

OFFICE USE \_\_\_\_\_ FAMILY LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ SPOUSE \_\_\_\_\_

ENV # \_\_\_\_\_ TITLE Mr. Mrs. Miss Ms. Dr. STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ P.O. BOX \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE REGISTERED \_\_\_\_\_ MARITAL STATUS: Church Civil Single Divorced Separated Widow(er)

NUMBER OF CHILDREN AT HOME: (Children under 18 years of age) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOW LONG LIVING IN LAS CRUCES AREA? \_\_\_\_\_

PARISH LAST ATTENDED: CHURCH NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

COMMENTS/REMARKS \_\_\_\_\_

### MEMBER INFORMATION

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD
Last Name						
First Name						
Date of Birth						
Male/Female	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female
Language English/Spanish/Other						
Marriage (Place)						
Religious Denomination						
Baptism	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Disabilities						