The Basilica of San Albino Welcomes You

REGISTRATION FORM *ALL INFORMATION IS FOR PARISH USE ONLY*

OFFICE USE:
*Envelope #*_____

Entered in PDS _____

DATE REGISTERED: _____

FAMILY LAST NAME: _____ **FIRST NAME:** _____

MARITAL STATUS: (CIRCLE) **Church / Civil / Single / Divorced / Separated / Widow/er**

SPOUSE: _____ **HOME PHONE:** _____

CELL PHONES: _____ **EMAIL ADDRESS:** _____

PHYSICAL ADDRESS: _____ **CITY/STATE/ZIP:** _____

MAILING ADDRESS: _____ **CITY/STATE/ZIP:** _____

NUMBER OF CHILDREN AT HOME: (Children under 18 years of age) _____ **Years Living in Las Cruces Area:** _____

PARISH NAME LAST ATTENDED _____ **City/State :** _____

WITH WHAT MINISTRIES ARE YOU INTERESTED IN HELPING? _____

MEMBERS INFORMATION

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD
LAST NAME						
FIRST NAME						
BIRTH DATE						
MALE/FEMALE						
LANGUAGE (English/Spanish/Other)						
PROFESSION						
HANDICAP						
RELIGION						
BAPTISM (Where)						
CONFIRMATON (Where)						