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Today's Date:

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Head of Household	l Name:		201		_					
		First Middle		dle	Last					
Telephone #(s): E-mail:										
Name of Spouse/P	artner:	E. 4	M: 111		T					
Talambana #/a\.			First Middle E-mail:		Last					
relephone #(s)			. L-IIIaII							
Address:		Apt #:	City/State: Zip Code:		Code:					
Marital Status: (Please check 🗸 wha	at applies to you)								
☐ Married by a Priest	☐Married by a Civil O	fficial ☐ Married by a	Minister ☐ Widowed	☐ Separated ☐	☐ Divorced ☐ Living	Γogether ☐ Single				
	Head of Household	Spouse/Partner	Child	Child	Child	Child				
FIRST NAME										
LAST NAME(S)										
GENDER	□M □F	□M □F	□M □F	□ M □ F	MF	M F				
PLACE OF BIRTH										
DATE OF BIRTH MM / DD / YYYY										
LANGUAGES SPOKEN										
RELIGION										
MARITAL STATUS										
BAPTISM	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No				
1 ST CONFESSION	□Yes □No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No				
1 ST COMMUNION	☐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				
MARRIAGE IN CATHOLIC CHURCH	□Yes □No	☐ Yes ☐ No	□Yes □No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No				