



Little Flower Parish

Parish Registration Form

Forma de Registro Parroquial

For Office Use Only

___ New ___ Update by: ___

Member ID: _____

Registration Date: _____

Family Last Name / *Apellido de la Familia*

e-mail Address / *Correo Electronico*

___ Cell

___ Home / *Casa*

Address / *Direccion*

Apt. #

Primary Phone # / *Numero de Tel. Preferido*

___ Cell

___ Home / *Casa*

City, ST ZIP / *Ciudad, Estado Codigo Postal*

Secondary Phone # / *Numero de Tel. Secundario*

Family Member Information / <i>Información de Cada Miembro de la Familia</i>					
	Member 1 <i>Head of Household</i>	Member 2	Member 3	Member 4	Member 5
Name / <i>Nombre</i> <small>(indicate Last Name if different from above)</small>					
Relationship / <i>Relación</i>	Self				
Marital Status / <i>Estatus Marital</i>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower
Date of Birth / <i>Fecha de Nac.</i>					
Languages / <i>Idioma</i> <small>Circle Preferred Language</small>					
Ethnicity / <i>Etnicidad</i>					
Religion					
Disability / <i>Discapacidad</i>					
Occupation / <i>Ocupación</i>					
Baptized / <i>Bautizado</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1st Communion / <i>Prim. Comuni3n</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation / <i>Confirmaci3n</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Married	Si est1 casado, indique fecha, fue casado por un sacerdote (si o no), hombre de soltera				
Date of Marriage	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Married by Priest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maiden Name:	_____	_____	_____	_____	_____

Contribution Prefence: _____ **Envelopes / *Sobres***

Preferencia para las Ofrendas / Contribuciones _____ **Online / *Por Internet***

Family Name: _____

	Parish Life	Catholic Education	Human Concerns	Spiritual Life
<p>Please check all ministries you are interested in/Por favor seleccione los ministerios en cual esta interesado:</p>	<input type="checkbox"/> Parish Council <input type="checkbox"/> Finance Council <input type="checkbox"/> Men's Club <input type="checkbox"/> Welcome Committee <input type="checkbox"/> Women's Club <input type="checkbox"/> Youth Group	<input type="checkbox"/> Bible Discussion <input type="checkbox"/> Catechist <input type="checkbox"/> Children's Liturgy <input type="checkbox"/> Religious Ed. <input type="checkbox"/> RCIA <input type="checkbox"/> SPRED	<input type="checkbox"/> Bereavement Committee <input type="checkbox"/> Elder Care <input type="checkbox"/> Ministers of Care	<input type="checkbox"/> Altar Server <input type="checkbox"/> Eucharistic Minister <input type="checkbox"/> Greeter/Usher <input type="checkbox"/> Lector <input type="checkbox"/> Liturgy <input type="checkbox"/> Music Ministry <input type="checkbox"/> Prayer Group
<p>Additional Comments/Comentarios Adicionales:</p>				

Thank you for taking the time to complete this form. THIS INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE FOR PASTORAL USE ONLY./ Gracias por tomarse el tiempo para completar este formulario. ESTA INFORMACIÓN SE GUARDARÁ EN LA CONFIANZA MÁS ESTRICTA PARA USO PASTORAL ÚNICAMENTE.