

Forma de Registracion de la Iglesia Santa Cruz

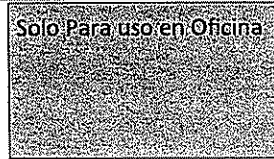
PO. Box 746 • Lake Stevens, WA 98258 • 360-691-AMEN (2636) • Fax: 360-691-3683

Fecha: _____ Dirección de la calle: _____ Apt. _____

Ciudad: _____ Estado: _____ ZIP: _____ Telefono de Casa: _____

	Adulto(a) 1	Adulto(a) 2	Miembro/ Niño(a) 1	Miembro/ Niño(a) 2	Miembro/ Niño(a) 3	Miembro/ Niño(a) 4
Apellido						
Nombre						
Telefono Celular						
Email						
Estado Civil (ver abajo)						
CM-Casados por la Iglesia M-Casados S-Soltero W-Viudo Sep-Separado D-Divorciado						
Fecha de la Boda	___/___/___					
Fecha de Na- cimiento	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Sex (circulo)	M F	M F	M F	M F	M F	M F
Religion						
Sacramentos Recividos	<input type="checkbox"/> Bautismo <input type="checkbox"/> Confesion <input type="checkbox"/> 1 ^{era} Comunion <input type="checkbox"/> Confirmacion <input type="checkbox"/> Catolicos Casados	<input type="checkbox"/> Bautismo <input type="checkbox"/> Confesion <input type="checkbox"/> 1 ^{era} Comunion <input type="checkbox"/> Confirmacion <input type="checkbox"/> Catolicos Casados	<input type="checkbox"/> Bautismo <input type="checkbox"/> Confesion <input type="checkbox"/> 1 ^{era} Comunion <input type="checkbox"/> Confirmacion <input type="checkbox"/> Catolicos Casados	<input type="checkbox"/> Bautismo <input type="checkbox"/> Confesion <input type="checkbox"/> 1 ^{era} Comunion <input type="checkbox"/> Confirmacion <input type="checkbox"/> Catolicos Casados	<input type="checkbox"/> Bautismo <input type="checkbox"/> Confesion <input type="checkbox"/> 1 ^{era} Comunion <input type="checkbox"/> Confirmacion <input type="checkbox"/> Catolicos Casados	<input type="checkbox"/> Bautismo <input type="checkbox"/> Confesion <input type="checkbox"/> 1 ^{era} Comunion <input type="checkbox"/> Confirmacion <input checked="" type="checkbox"/> Catolicos Casados
Occupacion						

No envíe sobres de ofrenda Mi gustaria tener informacion de lo siguiente:



Holy Cross Catholic Church Registration Form

PO. Box 746 • Lake Stevens, WA 98258 • 360-691-AMEN (2636) • Fax: 360-691-3683

Date: _____ Street Address: _____ Apt. _____

City: _____ State: _____ ZIP: _____ Home Phone: _____

	Adult 1	Adult 2	Member/Child 1	Member/Child 2	Member/Child 3	Member/Child 4
Last Name						
First Name						
Cell Phone						
Email						
Marital Status (See Below)						

CM-Church Marriage M-Married S-Single W-Widowed Sep-Separated D-Divorced

Date of Marriage ___/___/___

Date of Birth	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
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Sex (circle)	M F	M F	M F	M F	M F	M F
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Religion

Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Married in Catholic Church	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Married in Catholic Church	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Married in Catholic Church	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Married in Catholic Church	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Married in Catholic Church	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> 1st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Married in Catholic Church
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Occupation

Do not send Offertory Envelopes I would like more information on the following:

