

PARISH REGISTRATION FORM

St. Ambrose

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

 Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Husband/Single Male: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

 Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_ Baptized \_\_\_\_ 1st Communion \_\_\_ Confirmation \_\_\_\_

 Wife/Single Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

 Maiden Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_ Baptized \_\_\_\_ 1st Communion \_\_\_ Confirmation \_\_\_\_

 Marital Status: Married\_\_\_ Single\_\_\_ Widowed\_\_ Divorced\_\_\_\_

Date of wedding \_\_\_/\_\_\_\_/\_\_\_\_

 Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_\_

If the marriage is considered invalid by the Catholic Church, is it possible to have situation rectified? Yes No

Children or other in household:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name  | Birthdate | Job/School | Grade | Baptized | 1st Communion | Confirmed |
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*Please note that by registering with St. Ambrose Parish,*

*you will be receiving Contribution Envelopes and a subscription to the Criterion.*



REGISTRO A LA PARROQUIA

San Ambrosio

 Nombre de la Familia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_

 C.P: \_\_\_\_\_\_\_\_\_Teléfono:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

 Esposo/Hombre soltero: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nac: \_\_\_/\_\_\_/\_\_\_

 Ocupacion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bautizado \_\_\_\_\_\_\_ 1ra Comunión \_\_\_\_\_Confirmación \_\_\_\_\_\_\_

 Esposa/mujer soltera: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Apellido de soltera:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fecha de Nac.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ocupación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religión: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Bautizada \_\_\_\_\_\_\_ 1st Comunión \_\_\_\_\_\_\_ Confirmación \_\_\_\_\_\_\_\_\_\_

 Estado Marital: Casado/a ࢱ Soltero/a ࢱ Viudo/a ࢱ Divorciado/a ࢱ

 Fecha de la Boda \_\_\_/\_\_\_\_/\_\_\_\_ Iglesia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ciudad: \_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_

Si el matrimonio es considerado invalido por la Iglesia Católica, es posible que le revisemos su situación? Si ࢱ No ࢱ

Niños u otras personas que viven en la misma casa:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nombre | Fecha de Nac. | Trabajo/ Esc. | Grado | Bautizado/a | 1ra Comunión | Confirmado/a |
|  |  |  |  |  |  |  |
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Tenga en cuenta que al registrarse en la parroquia de San Ambrosio,

recibirá sobres de contribución y una suscripción al Criterio.