

FAMILY NAME _____

last

first

DATE RECEIVED IN OFFICE: ____/____/____ by ____
 DATE ENTERED IN COMPUTER: ____/____/____ by ____
 Updated: ____/____/____ by ____
 Updated: ____/____/____ by ____
 MOVED FROM PARISH: ____/____/____ by ____

ENVELOPE #

WELCOME

TO

ST. FRANCES CABRINI
 CATHOLIC
 COMMUNITY

PARISH
 REGISTRATION

IN ORDER TO SERVE YOU BETTER,
 PLEASE COMPLETE THIS FORM.

713-946-5768

BIENVENIDOS

A

LA COMUNIDAD
 CATOLICA DE
 STA FRANCES CABRINI

REGISTRACION
 PARROQUIAL

PARA SERVIRIES MEJOR, FAVOR
 DE LIENAR ESTA FORMA

713-946-5768

Family Last Name <i>Apellido</i>	Street Address <i>Direccion de la casa (Calle y numero)</i>		Mailing Address if different <i>Direccion por correo si es diferente</i>	
City <i>Ciudad</i>	State <i>Estado</i>	Zip code <i>Codigo Postal</i>	Home Phone	
			Listed?	

Do you want to use Parish Envelopes for your contributions? YES NO
Desea recibir sobres de la iglesia para hacer sus contribuciones? Si No

IF YOU ARE MARRIED, PLEASE COMPLETE THE FOLLOWING :
Si estan casado, complete lo siguiente:

Date of Marriage <i>Fecha del matrimonio</i>	By a priest/deacon <i>Por la Iglesia?</i>	Maiden Name <i>Nombre de Soltera</i>	Where were you married? <i>Donde se casaron?</i>
___/___/___			

S = Single / soltero(a)
M = Married / casado(a)
D = Divorced / divorciado(a)
W = Widow(ed) / Viudo(a)

Your Name <i>Su Nombre</i>	First <i>Nombre</i>	Middle <i>Inicial</i>	Gender	Birthday <i>Fecha de Nacimiento</i>	Status <i>Casado/a</i> <small>Circle uno CIRCLE ONE</small>	Religion <i>Religion</i>	Grade <i>Nivel</i>	Language(s) <i>Idioma(s)</i>
Husband/Esposo			M F	/ /	S M D W			1 2
Spouse/Esposa			M F	/ /	S M D W			1 2

CHILDREN living at your residence. If last name is different, please list.
Ninos que viven en su residencia. Si el apellido es diferente, favor de apuntar.

			M F	/ /				1 2
			M F	/ /				1 2
			M F	/ /				1 2
			M F	/ /				1 2
			M F	/ /				1 2
			M F	/ /				1 2

Please fill out completely and return to the Parish Office or
mail to 10727 Hartsook St., Houston, TX 77034

Favor de llenar la forma y regresala a la oficina de la Iglesia o
enviarla por correo a 10727 Hartsook St., Houston, TX 77034



Please let us know of any special needs or skills your family may require.

Are there any persons in the household who are disabled or homebound? (Please list)

Favor de apuntar servicios especiales requeridos por algun en su familia.

Hay personas en su casa que estan incapacitados? (Favor de nombrarlos)

Workplace <i>Lugar Del Trabajo</i>	Work Telephone <i>Telefono del trabajo</i>	Occupation <i>Ocupacion</i>
<i>Husband/Esposo</i>		
<i>Wife/Esposa</i>		

Baptism <i>Bautizado</i>	Where <i>Donde?</i>	1st Eucharist <i>1ra Comunion?</i>	Confirmation <i>La Confirmacion?</i>	Married?	Education <i>Educacion</i>	Degree	Ethnic Descent <i>Descendencia Etnica</i>
City	State						
City	State						
City	State						
City	State						
City	State						
City	State						

“I can do all things through him who strengthens me.”

Philippians 4: 13

