

SANTA CRUZ PARISH MEMBERSHIP FORM

FAMILY NAME _____
ADDRESS _____ **CITY** _____ **ZIP CODE** _____
MAILING ADDRESS IF DIFFERENT _____ **CITY** _____ **ZIP CODE** _____
HOME PHONE _____ **CELL PHONE** _____ **E-MAIL ADDRESS** _____
MARITAL STATUS/ MARRIED _____ (CHECK ONE) **CATHOLIC CHURCH** _____ **OTHER CHURCH** _____ **JUSTICE OF THE PEACE** _____
COMMON LAW _____ **DIVORCED** _____ **WIDOWED** _____ **SEPARATED** _____ **SINGLE (NEVER MARRIED)** _____
CONTRIBUTION ENVELOPES? _____ **YES** _____ **NO** _____ **PRIMARY LANGUAGE** _____ **ENGLISH** _____ **SPANISH** _____

NAMES	RELIGION	DATE OF BIRTH	BAPTIZED YES / NO	COMMUNION YES / NO	CONFIRMED YES/NO	OCCUPATION & BUSINESS PHONE
FIRST & MIDDLE NAME						
FIRST & MIDDLE NAME(Spouse)						
OTHER ADULT (<i>Relationship</i>)						

DEPENDENT CHILDREN AT HOME (LAST NAME IF DIFFERENT)	RELIGION	GENDER	FAMILY RELATIONSHIP	DATE OF BIRTH	BAPTIZED YES / NO	COMMUNION YES / NO	CONFIRMED YES / NO

FOR OFFICE USE ONLY

DATE OF ENTRY: _____ **PARISH ID NO. ASSIGNED** _____ **CDB#** _____