Date_____ *St. John Baptist de la Salle Church* Registration #_____

10738 Hayvenhurst Ave.
Granada Hills, CA 91344
(818) 363-2535

REGISTRATION FORM

Please Print

Name_____ _____
(Last) (First) (M.I.) Ethnicity

Occupation:_____

If Married, spouse's name:_____ _____
Ethnicity

Occupation:_____

Wife's Maiden Name:_____

Address:_____**Circle Unit or Apt #**_____

City:_____**State:**_____**Zip Code:**_____

Phone:_____ **Work:**_____ **Cell:**_____

Please check one of the following:

Church Marriage	
Married Legal	
Separated	
Divorced	
Divorced/remarry	
Widowed	
Single	
Single/never married	

EMAIL ADDRESS PLEASE

_____

Names of:	**Birthdate**	**Baptized Cath.**	**Non Cath.**	**1st Comm.**	**Confirm**
Wife:					
Husband:					
Self:					
Children at home:					

Do you wish to receive envelopes? Yes_____ **No**_____

CONFIDENTIAL