



## Children, Parents or Others currently in the household

<b>Name</b> First Middle Last	First Middle Last	First Middle Last
Birth Date & Place	DOB: ____/____/____ Place _____	DOB: ____/____/____ Place _____
Relationship/Role	Son    Daughter    Other- Specify _____	Son    Daughter    Other- Specify _____
Grade		
Church Background	Catholic    Other- Specify _____	Catholic    Other- Specify _____
Language & Ethnicity (Opt)		
Sacraments <b>Check box if Sacrament was in the Catholic Church</b>	Baptized <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>

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Is there anyone in your home who is experiencing some disability and to whom our community may be able to minister? If so, please give their name and their particular need. \_\_\_\_\_

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