

# St Elizabeth of Hungary Parish

## Family Registration

Reg Date: / /

66-700 E Pierson Blvd, Desert Hot Springs, CA 92240 (760) 329-8794

**Last Name:** 
**First Name(s):**

**Mailing Name (ie Mr. & Mrs. John Doe)**

**Address:** 
**Add2:**

**City:** 
**State:** 
**Zip:**  -

**AreaCode:** 
**Home Phone:** 
**Emerg. Phone:**

**Family Email:** 
**Env#**

### Individual Member Information

<b>Parish Status:</b> <small>(Active, Inactive)</small>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
<b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
<b>First Name / Nickname:</b>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
<b>Gender:</b>	<b>Male / Female</b> (Maiden) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<b>Male / Female</b> (Maiden) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
<b>DOB (mm/dd/yyyy):</b>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>
<b>Email:</b>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	
<b>Work Phone/Cell Phone:</b>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
<b>First Language:</b>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	
<b>Occupation/Employer:</b>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	
<b>Sacramental Info:</b>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>
<b>Dates (mm/dd/yyyy):</b>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>
<small>(Single, Married, Separated, Divorced, Annulled)</small>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>
<b>Marital Status:</b>	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> <b>Married by Priest/Deacon?</b> <input type="checkbox"/>	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> <b>Married by Priest/Deacon?</b> <input type="checkbox"/>

Are there any members of your household who would like to be visited by a priest?

### Dependent Children Information

	Relationship to Head of Household <small>(Son, Daughter, Mother Father etc.)</small>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	
2.		<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	
3.		<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.

# St Elizabeth of Hungary Parish

## Registro Familiar

Fecha registro:

66-700 E Pierson Blvd, Desert Hot Springs, CA 92240 (760) 329-8794

**Apellido:**  **Nombre:**   
**Nombre usado por correo (ejemplo Sr Sra):**   
**Dirección:**  **Direc. 2:**   
**Ciudad:**  **Estado:**  **Código Postal:**  -   
**Area Tel.:**  **Tel. domicilio:**  **Tel. Emergencia:**   
**Email Familiar:**  **Env#**

### Información miembro individual

<b>Status parroquial:</b> <small>(Activo, Inactivo)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Esposo, Esposa, etc.:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Prim. nombre/Sobrenom:</b>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>
<b>Género:</b>	<b>M / F</b> <b>apellido de soltera:</b> <input style="width: 100px;" type="text"/>	<b>M / F</b> <b>apellido de soltera:</b> <input style="width: 100px;" type="text"/>
<b>Fecha nacimiento (m/d/a):</b>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
<b>Email:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Tel. trabajo/Tel. celular:</b>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>
<b>Idioma:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Ocupación:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Sacramentos:</b>	<b>Bautizo?</b> <input type="checkbox"/> <b>Católico?</b> <input type="checkbox"/>	<b>Bautizo?</b> <input type="checkbox"/> <b>Católico?</b> <input type="checkbox"/>
<b>Fechas (mes/día/año):</b>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
	<b>Reconcil?</b> <input type="checkbox"/> <b>Prim. Com?</b> <input type="checkbox"/> <b>Confirm.?</b> <input type="checkbox"/>	<b>Reconcil?</b> <input type="checkbox"/> <b>Prim. Com.?</b> <input type="checkbox"/> <b>Confirm.?</b> <input type="checkbox"/>
	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
<b>Estado civil:</b>	<input style="width: 100px;" type="text"/>	<b>Casado por la iglesia?</b> <input type="checkbox"/>

\*\* Algun miembro de su familia quiere que lo visite un Padre?

### Dependientes Información de los Hijos

	Parentesco	Primer nombre / Apellido	Género	Fecha y lugar & Nacimiento	Estudios	Escuela Idioma
1.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
	<b>Sacramentos recibidos. Agregar fecha si la saben.</b>	<b>Bautizo?</b> <input type="checkbox"/> <b>Católico?</b> <input type="checkbox"/>	<b>Pri. Com?</b> <input type="checkbox"/>	<b>Reconciliacion?</b> <input type="checkbox"/>	<b>Confirmacion?</b> <input type="checkbox"/>	
		<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	
2.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
	<b>Sacramentos recibidos. Agregar fecha si la saben.</b>	<b>Bautizo?</b> <input type="checkbox"/> <b>Católico?</b> <input type="checkbox"/>	<b>Pri. Com?</b> <input type="checkbox"/>	<b>Reconciliacion?</b> <input type="checkbox"/>	<b>Confirmacion?</b> <input type="checkbox"/>	
		<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	
3.	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	M / F	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
	<b>Sacramentos recibidos. Agregar fecha si la saben.</b>	<b>Bautizo?</b> <input type="checkbox"/> <b>Católico?</b> <input type="checkbox"/>	<b>Pri. Com?</b> <input type="checkbox"/>	<b>Reconciliacion?</b> <input type="checkbox"/>	<b>Confirmacion?</b> <input type="checkbox"/>	
		<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	

Complete por favor todas las cajas y realice los cambios necesarios. Utilice por favor otra forma para los miembros adicionales.