

SENYOR SANTO NINO DE CEBU CATHOLIC CHURCH

PARISHIONER'S INFORMATION

Name:

Current address:

Home Phone:

Cell Phone:

Email:

City:

State:

ZIP Code:

SPOUSE INFORMATION

Name:

Current Address(if different from above):

Cell Phone:

E-mail:

No. of Family Members:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Subscribe to our Newsletter and Email Campaigns: Y _____

N _____