

MEMBERSHIP FORM - FORMA DE MIEMBROS

PLEASE PRINT- POR FAVOR ESCRIBA EN LETRA DE MOLDE

St. Teresa of Avila -St. Anthony of Padua Catholic Church

109-26 130th Street, South Ozone Park, NY 11420

Envelope # de sobre: _____

Website:
www.stasap.org

e-mail: stasap.conlon.org

Parish Phone:(718) 529-3587

FAMILY/FAMILIA:

Family Name/Appellido de la Familia:		Home E-Mail/Direccion de e-mail:	
Address/Direccion:	Apt/Piso #:	Primary Language Spoken/Lenguas en la casa:	
City/Ciudad:	State/Estado:	Zip:	
Home Phone:	Cell Phone/ Cellular:	Spouse Cell Phone:	
Head of Household Occupation/ Encargado Del Hogar:	Spouse Occupation /Encargado Del Esposa:		

Years in this parish/Anos in esta parroquia _____

Please enter the information for household members below* for marital status use the following code numbers: 0-Never Married;

FAMILY MEMBERS:

1-married by Catholic priest;2-married by other clergy; 3-civil marriage;4-widowed;5-separated;6-divorced

FIRST NAMES/ PRIMER NOMBRES	Last Name -incl. maiden name/incl apellido de soltera de esp.	M/F	DOB/Fech de nac.	Religion	School/Occ Escuela/Empl.	Bapt.Baut. Y/N	Reconciliation Y/N	Communion Y/N	Confirmation Y/N	Marital status/ Estado marital*
Head of Household Encargado Del Hogar										
Spouse/Esposa										
Child/Nino/a										
Child/Nino/a										
Child/Nino/a										
Child/Nino/a										
Others/Otros										
Others/Otros										

Por favor llene la information para ellos en su hogar a bajo, *para adultos use los numeros siguientes para indicar el estado marital: 0-jamas casado/a;1-casado/a por un sacerdote Catolico ; 2-casado/a por otro ministro; 3-casamento civil; 4-viudo/a; 5-separado/a;6-divorciado/a

ALL INFORMATION WILL REMAIN CONFIDENTIAL - TODA ESTA INFORMATION SERA CONFIDENTIAL

PLEASE COMPLETE REVERSE SIDE - POR FAVOR LLENE EL LADO REVERSO

INDICATE YOUR MAILING ADDRESS BELOW SO WE MAY
SEND PARISH DONATION ENVELOPES AND ANY OTHER INFORMATION
YOU MAY NEED ABOUT OUR PARISH:

POR FAVOR INDICA A BAJO SU DIRECCION DE CORREJO PARA
RECIBIR LOS SOBRES DE DONACION DE LA PARROQUIA Y OTRO
INFORMACION:

Check one:

Mr & Mrs

Mrs.

Mr.

Ms.

Miss

Other

Name

Nombre _____

Address

APT.

Direccion _____

City , State, Zip

Ciudad, Estado, Zip _____

Nota uno:

Sr. & Sra.

Sra.

Sr.

Srta.

Otro

E-Mail Addresses at Home:

Direcciones de E-Mail: _____

Teens through Adults- please place a check on the line next to any ministry you would like to be involved in or receive more information about.

Worship Ministries

Lectors

Eucharistic Ministers

Ushers

Altar Servers

Music Ministry/Choir

Homebound Eucharistic

Ministers

Education Ministries

Becoming Catholic (RCIA)

Faith Formation Confirmation

Prep - Adult

Marriage Preparation

Returning Catholic

Parish & Family Life

Pastoral Council

Rosary Society

St.Teresa/St.Anthony

Institute

Maintenance and Cleaning

Spanish

Bautizos

Preparación para

Sacramentos

Grupo de Matrimonio

Sagrado Corazon

Pozo de Jacob