



Bukas Loob sa Diyos
(Open In Spirit To God)
Diocese of Trenton

LIFE IN THE SPIRIT SEMINAR
No. 24
OCTOBER 25-27, 2024
St. Catharine School Gymnasium,
Spring Lake, NJ

Note: DATE OF BIRTH
 (Optional)

BASIC INFORMATION

LAST NAME	FIRST NAME	NICKNAME	AGE	DATE OF BIRTH _ / _ / _ _
LAST NAME	FIRST NAME	NICKNAME	AGE	DATE OF BIRTH _ / _ / _ _
RESIDENCE STREET ADDRESS		CITY	STATE/ZIP CODE	
HUSBAND E-MAIL ADDRESS:			HUSBAND CONTACT TEL. NO. () -	
WIFE E-MAIL ADDRESS:			WIFE CONTACT TEL. NO. () -	
BLD AFFILIATION ME# _____ FE# _____ SE# _____ SPE# _____ NONE _____ (WRITE N/A)		CIVIL STATUS (Please check) MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> SOLO PARENT <input type="checkbox"/> DIVORCED <input type="checkbox"/>		REGISTERING AS: COUPLE <input type="checkbox"/> SINGLE <input type="checkbox"/>
NAME OF SPONSOR:		SPONSOR TEL. NO.	SPONSOR BLD AFFILIATION:	

ADDITIONAL INFORMATION

	ATTENDEE # 1	ATTENDEE # 2
HOLY SACRAMENTS RECEIVED	BAPTISM YES <input type="checkbox"/> NO <input type="checkbox"/> CONFIRMATION YES <input type="checkbox"/> NO <input type="checkbox"/>	BAPTISM YES <input type="checkbox"/> NO <input type="checkbox"/> CONFIRMATION YES <input type="checkbox"/> NO <input type="checkbox"/>
CURRENT PARISH		
RELIGIOUS/CIVIC ORGANIZATION		

CHILDREN'S INFORMATION

NAME OF CHILD	AGE

ATTENDEE # 1 SIGNATURE	DATE	ATTENDEE # 2 SIGNATURE	DATE
_____	_____	_____	_____