Please Print  FAMILY NAME  ADDRESS		teres a			_AP	г. No	Telephone: (402) 748-3340									Envelope No		
NAMES	DATE OF BIRTH Mo Day Yr		F	70-10-10-10-10-10-10-10-10-10-10-10-10-10		PRACTICING				CONFIRMED		MARITAL STATUS		EMAIL  MARRIED BY PRIEST?	PREVIOUS MARRIAGE?	DEGREE OR LEVEL OF EDUCATION	OCCUPATION	
MAN						□ YES □ NO	0 1		□ <b>Y</b>		10	☐ Widowed ☐ Single		O YES	☐ YES ☐ NO *If "Yes" see below		Job Desc./Title Telephone:	
WOMAN (Maiden)						□ YES □ NO			U YES		] [	☐ Married ☐ Divorced ☐ Separated		O NO	☐ YES ☐ NO *If"Yes" see below		Job Desc/Title  Telephone:	
CHILDREN AND OTHERS RESIDING IN THE HOUSEHO	SEX	1	ATE OF BIRTH O Day Yr		RELIGION	PRACTICING YES NO		BAPTIZI YES			NO	CON		GRADE IN SCHOOL	SCHOOL OR PLACE OF EMPLOYMENT			
Children Married/A	Away	r																
*PREVIOUS MARRIAGE INFORMATION Have you petitioned for an annulment?  Was it granted?						PLEASE LIST SOMEONE WE COULD CALL IN CASE OF EMERGENCY								ADDITIO	ONAL COMM	MENTS:		
Man ☐ Yes Woman ☐ Yes		☐ Yes ☐ No NAME:																

SPECIAL NEEDS: Handicapped Person at Home: 

(Eg. Musical, teaching. electronic, etc.)