

# SAINT ELIZABETH ANN SETON CATHOLIC CHURCH

2050 Palisades Avenue, Los Osos, CA 93402  
 voice 805.528.531 fax 805.528.8893 seaschurchlo@yahoo.com www.seasparishlo.org

## REGISTRATION FORM FOR NEW PARISHIONER

### REGISTRO PARROQUIAL

Date Form Completed (*Fecha*): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### PERSONAL INFORMATION

First Name (*Nombre*): \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name (*Apellido*): \_\_\_\_\_

Occupation (*Ocupación*): \_\_\_\_\_

House Number, Street (*Dirección*): \_\_\_\_\_

City (*Ciudad*): \_\_\_\_\_

State (*Estados*): \_\_\_\_\_

ZIP (*Código*): \_\_\_\_\_

Telephone (*Teléfono*): \_\_\_\_\_

Email: \_\_\_\_\_

#### HEAD OF HOUSEHOLD

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#### SPOUSE

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#### MARITAL STATUS

Single (*soltero*): Yes \_\_\_\_\_ No \_\_\_\_\_

Civilly Married (*matrimonio civil*): Yes \_\_\_\_\_ No \_\_\_\_\_

Married in the Catholic Church (*casado*): Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Catholic Wedding (*Fecha de la boda en la Iglesia*): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Divorced (*divorciado/a*): Yes \_\_\_\_\_ No \_\_\_\_\_

Widow/widower (*viudo/a*): Yes \_\_\_\_\_ No \_\_\_\_\_

#### MEMBERS OF HOUSEHOLD

						SACRAMENTS RECEIVED (Write Y or N)				
NAME <i>Nombre</i>	MIDDLE NAME	LAST NAME <i>Apellido</i>	BIRTHDATE			If NOT Catholic, please write name of religion.	BAPTISM	FIRST COMMUNION	CONFIRMATION	CATHOLIC MARRIAGE
			M	D	YR					

*(Please use another form if space above is not enough.)*

#### SUNDAY MASS PLATE COLLECTION (*Información de la Collecta de Domingo*)

Please choose one (1) (*Por favor de escoger uno*):

1. I prefer Electronic Fund Transfer (EFT) Yes \_\_\_\_\_ No \_\_\_\_\_  
 (a) Please provide me the EFT FORM to fill-in, OR Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) I will do it on my own in the parish website or scan the QR code Yes \_\_\_\_\_ No \_\_\_\_\_
2. I prefer Envelope System Yes \_\_\_\_\_ No \_\_\_\_\_
3. I prefer to place my offering in the Sunday basket Yes \_\_\_\_\_ No \_\_\_\_\_

**I AM INTERESTED TO BE A PART OF THIS MINISTRY. PLEASE CONTACT ME WITH INFORMATION ABOUT...**

<b>1. LITURGICAL MINISTRY</b>	<b>ENGLISH</b>	<b>SPANISH</b>	<b>TAGALOG</b>
1.1 Liturgy Committee	_____		
1.2 Lectors and Commentators	_____	_____	
1.3 Extraordinary Minister of the Holy Eucharist	_____	_____	
1.4 Music Ministry	_____	_____	
1.5 Altar Server	_____	_____	
1.6 Sacristan	_____	_____	
1.7 Ushers and Greeters	_____	_____	
 <b>2. SPIRITUAL GROWTH MINISTRY</b>			
2.1 ARISE / LEVANTATE	_____	_____	_____
2.2 English Bible Study Class	_____		
2.3 Eucharistic Adoration	_____	_____	
2.4 Faith Sharing Ministry	_____		
2.5 Divine Mercy	_____	_____	
2.6 Guadalupanas	_____	_____	
 <b>3. OUTREACH MINISTRY</b>			
3.1 Ministry to the Sick and the Homebound	_____	_____	
3.2 Bereavement Committee	_____	_____	_____
3.3 People's Kitchen	_____		
3.4 Sunday Hospitality	_____		
 <b>4. STEWARDSHIP</b>			
4.1 Plate Collection Counters	_____	_____	_____
4.2 Sacred Linens Laundry	_____	_____	
4.3 Liturgical Environment	_____	_____	
4.4 SEAS Parish International Festival	_____	_____	_____
4.5 AMA – Annual Ministries Appeal	_____	_____	
4.6 SEAS Properties Committee	_____	_____	
4.7 Volunteer Church Housekeeping	_____	_____	_____
 <b>5. FAITH FORMATION</b>			
5.1 Catechist for Children's First Communion	_____	_____	
5.2 Catechist for Youth Confirmation	_____	_____	
5.3 Catechist for RCIA	_____	_____	
5.4 Catechist for Reception of Baptized Christians	_____	_____	
5.5 Facilitator at Children's Liturgy of the Word during Sunday English Mass	_____		
 <b>6. SEAS PARISH MANDATED ORGANIZATION</b>			
6.1 SEAS Parish Pastoral Council	_____	_____	
6.2 SEAS Parish Finance Council	_____	_____	

COMPLETE NAME: \_\_\_\_\_  
 CELL PHONE NUMBER: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_