	SELF	SPOUSE	CHILD	CHILD	CHILD	CHILD	CHII D
FIRST NAME							
LAST NAME IF DIFFERENT							
MARITAL STATUS							
HANDICAP							
RELIGION	İ						
OCCUPATION		WARREN DATE OF THE PARTY OF THE					
EMPLOYER							
SCHOOL ATTENDING							
PRESENT GRADE	!						
SEX M/F							
DATE OF BIRTH							
AGE				 			
BAPTIZED YES/NO DATE	!						
PENANCE YES/NO DATE		,					
FIRST COMMUNION YES/NO DATE	П						
CONFIRMATION YES/NO DATE			}				
MARRIED YES/NO DATE							
MINISTRIES							
MINISTRIES							
MINISTRIES							
MINISTRIES							
MINISTRIES							