

## PERSONAL INFORMATION FORM

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PARISH \_\_\_\_\_ CITY \_\_\_\_\_

PHONE-AM (\_\_\_\_\_) \_\_\_\_\_ PHONE-PM (\_\_\_\_\_) \_\_\_\_\_  
CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

MARITAL STATUS:  Single  Married  Divorced  Separated

SPOUSES NAME: \_\_\_\_\_ CHILDREN'S NAMES \_\_\_\_\_

PASSPORT# \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

DO YOU HAVE AN IMMUNIZATION CARD (Yellow)  Yes  No

PRAYER PARTNERS 1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

### FINANCIAL INFORMATION

THE COST OF THE MISSION IS **\$900.00**.

HOW DO YOU ANTICIPATE PAYING FOR THE MISSION?

PAY THE ENTIRE AMOUNT ON MAY 18, 2004

PAY \$450 ON May 18, 2004 AND THE BALANCE OF \$ 450 ON JUNE 5, 2004.

I CAN ONLY PAY \$ \_\_\_\_\_!

I WILL PAY \$ \_\_\_\_\_ ON MAY 18, 2004 AND \$ \_\_\_\_\_ ON JUNE 5, 2004.

\$ \_\_\_\_\_ BALANCE TO BE RAISED *THROUGH CORPORATE SPONSORS, GENERAL DONATIONS, OR SCHOLARSHIPS.*