COUPLES FOR CHRIST

CHRISTIAN LIFE PROGRAM
INFORMATION SHEET

HUSBAND **Date:**_____

_____

(Family Name) (First name) (Middle Name) (Nick Name)

Address:_____

Cell Phone #: _____Nationality:_____FB Account:_____

Date of Birth:_____Age: _____Place of Birth :_____

Educational Attainment:_____Occupational Position:_____

Employer:_____

Office Address:_____

Office Tel. No.:_____Line of Business:_____

Hobbies & Interest:_____

Languages/dialects spoken:_____

WIFE

_____

(Maiden Family Name) (First name) (Middle Name) (Nick Name)

Cell Phone #: _____Nationality:_____

Date of Birth:_____Age: _____Place of Birth :_____

Educational Attainment:_____Occupational Position:_____

Employer:_____

Office Address:_____

Office Tel. No.:_____Line of Business:_____

Hobbies & Interest:_____

Languages/dialects spoken:_____

Place of Marriage:_____Date of Marriage:_____

Name of Children	Age	Names of Relatives/Friends in CFC
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religion

_____

How did you come to know about CFC?

_____

_____

_____

I/We have attended or are members of:

	H	W
- Life in Spirit Seminar	_____	_____
Marriage Encounter	_____	_____
- Cursillo	_____	_____
- Christian Family Movement	_____	_____
-Opus Dei	_____	_____
-Parish FLA	_____	_____
-Others(pls. specify)	_____	_____