



Holy Apostolic Catholic Assyrian Church of the East  
St. Mary's Parish  
5955 Lindley Avenue Tarzana, Ca 91356  
Tel: (818) 996-5173 Fax: (818) 996-6467

Your Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_  
Baptized in (Country): \_\_\_\_\_ Church & City: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Marital Status: Single Married Widowed Separated Divorced  
Head of Household Yes No

Spouse Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_  
Baptized in (Country): \_\_\_\_\_ Church & City: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Head of Household Yes No

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

Children / Dependent:

Name:	Date of Birth:	Country:	Student OR Occupation:	Baptized in/ Date:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Commitment: \$ \_\_\_\_\_ CIRCLE ONE Yearly Monthly  
CIRCLE ONE Automatic Withdraw Check Cash

If applicable Credit Card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Three digit number: \_\_\_\_\_  
Billing address (if different than above): \_\_\_\_\_

(Office use only)

Priest Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Donor #: \_\_\_\_\_