



**PERSONAL INFORMATION SHEET**

**Solo Parents Encounter No. 19**

BLD Covenant House, Dasmariñas, Cavite, March 5-7, 2010

Serial No. \_\_\_\_\_



*SPM VISION: We are solo parents bearing together the light of Christ as He restores our lives to wholeness.*

A. GENERAL INFORMATION				
Surname		Given Name		M.I.
Birthdate (MM/DD/YY)		Birthplace	Citizenship	Religion
Nickname		Sex	Age	
Educ. Attainment				
B. CONTACT DETAILS				
HOME		EMPLOYMENT		
Address			POSITION:	
Landline				
Cellphone				
E-mail				
C. PERSONAL DATA				
STATUS:	<input type="checkbox"/> MARRIED, w/ children but Separated (solo parent) <input type="checkbox"/> Church Wedding <input type="checkbox"/> Civil Wedding No. of years separated _____		<input type="checkbox"/> NOT married but with children (single parent) <input type="checkbox"/> NOT married but with adopted children (single parent) <input type="checkbox"/> WIDOW / ER, No. of years _____	
	<input type="checkbox"/> ANNULLED, Year Annulled: _____ <input type="checkbox"/> Church <input type="checkbox"/> Civil <input type="checkbox"/> Both		<input type="checkbox"/> Spouse Abroad, No. of years _____ <input type="checkbox"/> Others, pls specify:	
Are you currently in a relationship? <input type="checkbox"/> YES <input type="checkbox"/> NO				
CHILDREN	Name of Children	Age	Name of Children	Age
	1		4	
	2		5	
	3		6	
D. COMMUNITY LIFE				
		Name of Organization		
Professional Organization				
Parish Mandated Organization				
Transparochial Community				
Formation Programs:	<input type="checkbox"/> M.E.	<input type="checkbox"/> LSS	<input type="checkbox"/> PREX	<input type="checkbox"/> OTHERS
Place/Parish Taken				
Date Taken:				
Do you see yourself active in community? <input type="checkbox"/> YES <input type="checkbox"/> NO				
E. WHO INVITED YOU TO JOIN SOLO PARENTS ENCOUNTER?				
<input type="checkbox"/> Self Discovery <input type="checkbox"/> Relative in BLD <input type="checkbox"/> Friend in BLD <input type="checkbox"/> BLD member <input type="checkbox"/> Others _____				
Name of Sponsor:		Tel No.	Cell No.:	
E. OTHER INFORMATION				
<b>Health Condition:</b>				
<input type="checkbox"/> Diabetic		<input type="checkbox"/> Asthmatic	<input type="checkbox"/> Migraine	
<input type="checkbox"/> Heart Problem		<input type="checkbox"/> High / Low Blood Pressure	<input type="checkbox"/> Others, pls. Specify:	
<b>Dietary Requirements:</b>				
Transportation: Will you be needing a ride going to the encounter venue? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>ACTION COMMITTEE</b>	<input type="checkbox"/> Paid O.R. # _____	<input type="checkbox"/> Paid in previous SPE	Care Circle:	