**VILLA MARIA RESIDENCE                                                                                                 
RELIGIOUS OF MARY IMMACULATE**

**Photo**

**719 AUGUSTA ST   
SAN ANTONIO, TX 78215-1905**

**APPLICATION FORM**

Last Name:...................................................................Name:...........................................Age..........

Date of Birth:.../..../.....Place of Birth:...........................Nationality:................................ Passport #/ CI #......................Arrived from:...........................Date of arrival:..../..../....... Former Address:.........................................................................

Student of ..........................................Name of the School........................................

Present Job:.....................................Place:..............................Phone:.....................

Willing to move to the Residence? Yes / No When:............/...../.... Until ............/...../.....

Cell-phone:........................................ E-mail:...................................................... Father::..................Mother:............ Family Address;............................................ City:........................................State:...........Zip:..............Phone:...........................

Status: single / married / divorced / separated Car Plates No.:.....................................

**REFERENCES**

Name:.......................................Address:...........................................................

Occupation...................................................Phone:............................................

Name........................................Address............................................................

Occupation:...................................................Phone:............................................

**In case of emergency please notify :........................................**Phone:.....................

This information will be treated as strictly confidential,

I......................(FULL NAME).............................HEREBY AGREE TO OBEY ALL THE RULES AND REGULATIONS OF THIS RESIDENCE.

SIGNATURE:.............................................DATE:......./....../.......