

ST. CHARLES BORROMEEO PARISH

MEMBER INFORMATION

(Please print all information)

Registration Date: _____

FAMILY INFORMATION (for Mailing Label)

Name: _____

(Last)

(First)

(Spouse)

(Maiden Name)

Address: _____

(City)

(Zip)

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

Family Status: ___ Single Adult ___ Married ___ Divorced ___ Widow/Widower

Were you married in a Catholic Church? ___ No ___ Yes Date: _____

Name and Location of church setting: _____

Race: ___ Caucasian ___ Black ___ Hispanic ___ American Indian ___ Other(specify) _____

Information asked for statistical purposes only.

SELF

SPOUSE (if applicable)

Employed: ___ Yes ___ No ___ Full ___ Part ___ Retired ___ Yes ___ No ___ Full ___ Part ___ Retired

Place of Employment: _____

Phone: _____

Occupation: _____

Position: _____

INDIVIDUAL HISTORY (Please enter dates & places if known or Y / N)

Name	Sex	Age	Birthdate	Religion	Baptism	1 st Eucharist	Confirmation	degree/grade completed
Self(name)								
Spouse(name)								
Dependents								Grade
(name)								
(name)								
(name)								
(name)								
(name)								
(name)								

NOTE: Any individuals over 18 not attending school are encouraged to complete their own registration form. (Required at age 22)