

# ST. CHARLES BORROMEO CATHOLIC CHURCH

## PARISH REGISTRATION FORM

**Family Name:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_ **Primary Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt.:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*Please Note: The contact information in this box is printed in our parish directory. Check here  if your primary phone number is to be unlisted.*

### ADULT MALE in the Household

Full Name: \_\_\_\_\_  
First      Middle      Last

Name/Nickname I Typically Go By: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptized: *Yes No Unknown*

Religion: \_\_\_\_\_

If Catholic, I have received the following Sacraments:

- First Reconciliation     First Communion     Confirmation

### ADULT FEMALE in the Household

Full Name: \_\_\_\_\_  
First      Middle      Last      (Maiden)

Name/Nickname I Typically Go By: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptized: *Yes No Unknown*

Religion: \_\_\_\_\_

If Catholic, I have received the following Sacraments:

- First Reconciliation     First Communion     Confirmation

**Marital Status of the Male & Female Above:**     Married in the Catholic Church     Married outside the Catholic Church     Unmarried

Date of Marriage: \_\_\_\_\_

City & State of Marriage: \_\_\_\_\_, \_\_\_\_\_

I would like to be contacted regarding:     Marriage Preparation Classes     Validating My Marriage in the Church     the Annulment Process

### STEWARDSHIP of TIME *(Check all that interest you.)*

- Lector       EMHC       Usher       Mass Music  
 Greeter     Bible Study     Quilting     RCIA  
 Vocations     Catechist     Office Help     Shut-Ins  
 Hospitality     Youth       Men's/Women's Groups  
 Knights of Columbus       Work with/for the Poor  
 Other: \_\_\_\_\_

### STEWARDSHIP of TALENT

*Please list any skills/talents that you possess so that the parish may call upon your expertise and/or interests.*

### STEWARDSHIP of TREASURE

*I would like to provide for the needs of the Church through:*

- Weekly Stewardship Envelopes  
 Automatic Bank Transfer  
 Online Giving  
 Other: \_\_\_\_\_

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## DEPENDENT CHILDREN in the Household

*List only those children who live at home or still claim it as their permanent address. Do not include those who have moved into their own house or apartment.*

Boy or Girl	First Name	Middle Name	Last Name <i>if different from Family Name on front</i>	Birth Date	Check boxes below for each Sacrament received:			School Attending	Grad. Year
					Baptism	First Penance	First Eucharist		

Other information you wish to provide or think the parish should know:

**OFFICE USE ONLY**

Date of Registration: \_\_\_\_\_

Date of Transfer Out: \_\_\_\_\_

Misc: \_\_\_\_\_