St. Charles Borromeo Catholic Church Registration Form: Full Time Part Time						oster:	_ Birtho	PDS: Birthday/Anniversary: Welcome Letter:								
Цол	ahald	I aat Nama					_			City	165		7in			
Household Last Name				Street Address						_City			Zip	-		
Mr. Occupation:			Cell Phone_	Main E-mail		1		Language spoken in home								
			Place Employ	Wo			Work Phone: If		If married	If married: were you married in Catholic Church?			_			
			Place F	Work Phone:					Date of Marriage							
	s House		y attends: Saturday ev	vening @	5:00 PM c	or Sunday :	morning	@ 9:00 AN	1							
	Title	First Name	Last Name only if Different from Household	Gender	Relation	Birth Date	Age	Grade in School	School Attending	Received Baptism	Where were you Baptized?	Has celebrated 1st Penance	Has celebrated 1st Communion	Has celebrated Confir- mation		
EX.	Mr	John	Smith	M or F	Spouse	1/9/50	63			Yes/No		Yes/No	Yes/No	Yes/No		
1.																
2.																
3.																
4.																
5.																
6.																
SPE	CIAL	   NEEDS: P	erson(s) in the home	with spe	cial need	S:										
Nam				-			Special	Need								
Nam																
Any	other	information t	hat will help us help	p your ho	usehold g	grow in th	e faith a	nd love of	Jesus Ch	rist:						