

Parishioner Registration Form

Please Print Clearly

ID#		
	(Office Use Only)	_

Have you bee	en registered	l with us ir	the past?						
Your Name: _				Da	nte of Birth:	Religio	on:		
	First	Las	t						
Spouse's Name				Da	ate of Birth:	Religi	on:		
	First	Las	t						
Marital Status:	Married:	Single:	_ Widow/e	Widow/er: Are you married in the Catholic Church?					
Mailing Addre	ess:					Apt. #			
						_CA,			
			City			Zip Code	е		
Your Cell # Spouse's Cell #			ell #	Home					
Your E-mail Ad	ddress	Spouse's E-mail Add				S			
Parishioner Su	<u>irvey</u>								
Your Ethnic Or	rigin: Cau	ıcasian	Hispanic	Asian	Filipino	Afro-American	Other		
Spouse's Ethnic	c Origin: Cau	ıcasian	Hispanic	Asian	Filipino	Afro-American	Other		
Occupations: Y	ccupations: Yours: Wo				Phone:				
S	Spouse's:	Work Phone:							
Children Name(s):			Gender:			Date of Birth:			
			Gender:			Date of Birth:			
			Ge	ender:	Date of Birth:				
Are any of your	r children enro	olled at St. C	harles Catho	olic School?					
Financial Supp Jesus redeemed	port I the whole we can be recested in order to	orld, uniting o spread the	g the spiritua Gospel. St.	al with the	material world	d. The Church needs			
	_		_		_	er week with a goal o week in my parish			
Signature						Date			