

Office Use Only Envelop No: _____

FAMILY NAME (LAST NAME ONLY-PLEASE PRINT) Telephone number Parish where previously registered City State

(Check one)
 St. Charles
 St. Joseph - St. Mary

STREET ADDRESS APT NO. OR P.O. BOX E-mail: Husband E-mail: Wife

CITY STATE ZIP

I wish to receive envelopes _____ I will give online using We Share _____

			(X) if Received	Mass			Communion			Marriage	School								
***** First Name (Please Print) *****			Religion Catholic 1 Other 2 None 3	Sex Male 1 Female 2	Date of Birth Mo Day Yr. Age	Baptism	First Communion	Confirmation	Regular	Occasionally	Seldom	Regular	Occasionally	Seldom	Never 1 Married 2 Widower 3 Separated 4 Divorced 5 Remarried 6	School Grade	Blind 1 Deaf 2 Spec. Needs 3 Homebound 4 Other 5	Occupation & Place of Employment	
Husband's First Name																			
Wife's First Name Maiden Name																			
1	Child (Oldest to youngest, at this address)																		
2	Child																		
3	Child																		
4	Child																		
5	Child																		
6	Child																		

Comments/Special Needs: 	Marriage: Place: _____ Date: _____ Total number of children: (Including Adults): _____ Language spoken at home (Other than English) _____	Office Use Only
		Information Taken By: _____ Date: _____