

											Office Use Only Envelop No: _____											
											(Check one) St. Charles St. Joseph St. Mary											
FAMILY NAME (LAST NAME ONLY-PLEASE PRINT)				Telephone number		Parish where previously registered			City		State											
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 _____													
***** First Name (Please Print) *****				Religion	Sex	Date of Birth		(X) if Received			Mass			Communion			Marriage		School		Occupation & Place of Employment	
				Catholic 1 Other 2 None 3	Male 1 Female 2	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			
Husband's First Name						-----																
Wife's First Name						-----																
1	Child (Oldest to youngest, at this address)					-----																
2	Child					-----																
3	Child					-----																
4	Child					-----																
5	Child					-----																
6	Child					-----																
Comments/Special Needs:				Marriage:								Office Use Only										
				Place: _____ Date: _____ Total number of children: (Including Adults): _____ Language spoken at home (Other than English) _____																		
				Information Taken By: _____ Date: _____																		