



St. Charles Borromeo Church Registration Form

Family Information:

Today's Date: _____

Family **LAST** Name: _____

Mailing Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Family Email Address: _____

Home Phone Number: _____ Emergency Phone Number: _____

Primary Language: _____ Other languages spoken in the home: _____

Do you want to receive contribution envelopes? ☐ Yes ☐ No ☐ I use online giving Office use only: Envelope # _____

Is anyone in the household handicapped? ☐ Yes ☐ No Is any member of your family bedridden/confined to home? ☐ Yes ☐ No

Do you wish to have Communion brought to your home? ☐ Yes ☐ No Do you want a priest to visit your home? ☐ Yes ☐ No

Member Information: (please list Head of Household first)

1. First Name: _____ Last Name: _____ Maiden Last Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Email: _____

Cell #: _____ Work #: _____ Occupation: _____ Special Needs: _____

Religion: ☐ Roman Catholic ☐ Other: Christian ☐ Other: Non-Christian If "other", please describe: _____

Have you been baptized? ☐ Yes ☐ No Have you celebrated First Eucharist? ☐ Yes ☐ No Confirmation? ☐ Yes ☐ No

Are you married? ☐ Yes: in Catholic Church ☐ Yes: outside Catholic Church ☐ No: Single ☐ No: Widowed ☐ No: Divorced

2. First Name: _____ Last Name: _____ Maiden Last Name: _____

Relationship to Head of Household: ☐ Spouse ☐ Son ☐ Daughter ☐ Grandchild ☐ Parent ☐ Other: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Email: _____

Cell #: _____ Work #: _____ Occupation: _____ Special Needs: _____

Religion: ☐ Roman Catholic ☐ Other: Christian ☐ Other: Non-Christian If "other", please describe: _____

Have you been baptized? ☐ Yes ☐ No Have you celebrated First Eucharist? ☐ Yes ☐ No Confirmation? ☐ Yes ☐ No

Are you married? ☐ Yes: in Catholic Church ☐ Yes: outside Catholic Church ☐ No: Single ☐ No: Widowed ☐ No: Divorced

3. First Name: _____ Last Name: _____ Maiden Last Name: _____
Relationship to Head of Household: ☐ Spouse ☐ Son ☐ Daughter ☐ Grandchild ☐ Parent ☐ Other: _____
Gender: ☐ Male ☐ Female Date of Birth: _____ Email: _____
Cell #: _____ Work #: _____ Occupation: _____ Special Needs: _____
Religion: ☐ Roman Catholic ☐ Other: Christian ☐ Other: Non-Christian If "other", please describe: _____
Have you been baptized? ☐ Yes ☐ No *Have you celebrated First Eucharist?* ☐ Yes ☐ No *Confirmation?* ☐ Yes ☐ No
Are you married? ☐ Yes: in Catholic Church ☐ Yes: outside Catholic Church ☐ No: Single ☐ No: Widowed ☐ No: Divorced

4. First Name: _____ Last Name: _____ Maiden Last Name: _____
Relationship to Head of Household: ☐ Spouse ☐ Son ☐ Daughter ☐ Grandchild ☐ Parent ☐ Other: _____
Gender: ☐ Male ☐ Female Date of Birth: _____ Email: _____
Cell #: _____ Work #: _____ Occupation: _____ Special Needs: _____
Religion: ☐ Roman Catholic ☐ Other: Christian ☐ Other: Non-Christian If "other", please describe: _____
Have you been baptized? ☐ Yes ☐ No *Have you celebrated First Eucharist?* ☐ Yes ☐ No *Confirmation?* ☐ Yes ☐ No
Are you married? ☐ Yes: in Catholic Church ☐ Yes: outside Catholic Church ☐ No: Single ☐ No: Widowed ☐ No: Divorced

Please let us know how you would like to share your time and talents with our community:

- | | | |
|---|---|---|
| <input type="checkbox"/> Catholic Daughters (CDA) | <input type="checkbox"/> Greeter | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Children's Faith Formation | <input type="checkbox"/> Lector | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Children's Liturgy of the Word | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Cantor | <input type="checkbox"/> Our Daily Bread | <input type="checkbox"/> Giving Tree |
| <input type="checkbox"/> Choir, Traditional | <input type="checkbox"/> Pastoral Care/Sick & Homebound | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Choir, Contemporary | <input type="checkbox"/> Respect Life | (Coffee & Donuts/Dinners) |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Social Justice/Outreach | |

Is there anything you would like us to know about you or your family? Any special prayer requests?
