

WELCOME TO THE CHURCH OF SAINT CHARLES

Please complete as fully as possible.

The following information will be treated as confidential.

DATE: _____

TITLE: Mr. & Mrs. Mr. Mrs. Ms. Miss Dr.

LAST NAME: _____

ADDRESS: _____

CITY/STATE: _____ Zipcode: _____

HOME PHONE #: () _____ E-MAIL ADDRESS _____

How would you like your correspondence to be addressed? _____

Marital Status: Married Single Widowed Separated Divorced

If married, Church of Marriage: _____ Marriage Date: _____

Previous Parish: _____

	Adult	Adult	Child	Child	Child	Child
First Name						
Birthdate						
Gender						
Religion						
Occupation						
Employer						
Work Phone #						
School Attending						
Current Grade						
Baptism (Y/N)						
Church and City of Baptism						
Communion (Y/N)						
Confirmation (Y/N)						
Volunteer Interests						