



# St. Charles Borromeo

4500 Ackerman Boulevard, Kettering, Ohio 45429

937-434-6081

## Contact Information

Name: Mr./Mrs./Dr. \_\_\_\_\_  
LAST First Middle

Date of Birth: \_\_\_\_\_ Accommodations\*: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET/APT CITY STATE ZIP

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_  I consent to receive emails from St. Charles Parish.

Circle Marital Status: *Single Engaged* Date of Marriage: \_\_\_\_\_ Location: \_\_\_\_\_  
*Married Widowed Divorced Remarried* Married by a Priest/Deacon?  Yes  No If no, would you like to have your marriage convalidated (blessed) by the Church?  Yes  No

## Spouse's Information

Name: Mr./Mrs./Dr. \_\_\_\_\_  
LAST First Middle

Date of Birth: \_\_\_\_\_ Accommodations\*: \_\_\_\_\_

Cell Phone:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_  I consent to receive emails from St. Charles Parish.

## Religious Information

Church Affiliation:  Catholic  Other: \_\_\_\_\_

Baptism: \_\_\_\_\_  
DATE PLACE

First Communion: \_\_\_\_\_  
DATE PLACE

First Reconciliation: \_\_\_\_\_  
DATE PLACE

Confirmation: \_\_\_\_\_  
DATE PLACE

Spouse's Affiliation:  Catholic  Other: \_\_\_\_\_

Baptism: \_\_\_\_\_  
DATE PLACE

First Communion: \_\_\_\_\_  
DATE PLACE

First Reconciliation: \_\_\_\_\_  
DATE PLACE

Confirmation: \_\_\_\_\_  
DATE PLACE

## Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_

*\*Accommodations: Please list any special circumstances you'd like us to be aware of so that we may best serve you. (nursing home resident, homebound, hearing aids, special needs, etc.)*

REC'D  
FOR OFFICE USE ONLY



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## Employment

Name of Employer: \_\_\_\_\_ Work Phone:(\_\_\_\_)\_\_\_\_\_ EXT:\_\_\_\_\_

Profession:\_\_\_\_\_ (Please list regardless of employment status.)

Spouse's Employer: \_\_\_\_\_ Work Phone:(\_\_\_\_)\_\_\_\_\_ EXT:\_\_\_\_\_

Profession:\_\_\_\_\_ (Please list regardless of employment status.)

## Children

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism: \_\_\_\_\_ First Communion: \_\_\_\_\_  
FIRST Middle Last DATE PLACE DATE PLACE

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
DATE PLACE DATE PLACE

Circle: *Male* *Female* School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism: \_\_\_\_\_ First Communion: \_\_\_\_\_  
FIRST Middle Last DATE PLACE DATE PLACE

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
DATE PLACE DATE PLACE

Circle: *Male* *Female* School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism: \_\_\_\_\_ First Communion: \_\_\_\_\_  
FIRST Middle Last DATE PLACE DATE PLACE

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
DATE PLACE DATE PLACE

Circle: *Male* *Female* School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism: \_\_\_\_\_ First Communion: \_\_\_\_\_  
FIRST Middle Last DATE PLACE DATE PLACE

First Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
DATE PLACE DATE PLACE

Circle: *Male* *Female* School: \_\_\_\_\_ Grade: \_\_\_\_\_

Other Adults in Home? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## I'm Interested In...

Art & Environment  Bereavement Planning  CCD  Eucharistic Ministry

Health Ministry  Music Ministry  Nursery Care  School  Social Action

Other: \_\_\_\_\_