

Env # _____

Membership Profile



Together at Table

When sending correspondence, how should we address the mailing label?

Family Name _____

Address _____

City _____ State _____ Zip _____

(check one) ___ listed in our directory or ___ unlisted in our directory

PLEASE PRINT	HEAD OF HOUSEHOLD	SPOUSE
Title (circle one)	Mr. Mrs. Miss Ms. Dr. Other _____	Mr. Mrs. Miss Ms. Dr. Other _____
Name (first/middle/last)		
Sex (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate	____ / ____ / ____	____ / ____ / ____
Preferred Name		
Home Phone	(____) _____ <input type="checkbox"/> UNLISTED	(____) _____ <input type="checkbox"/> UNLISTED
Work Phone	(____) _____	(____) _____
Fax #	(____) _____	(____) _____
Pager	(____) _____	(____) _____
Cellular Phone	(____) _____	(____) _____
E-mail Address	_____ <input type="checkbox"/> UNLISTED	_____ <input type="checkbox"/> UNLISTED
Marital Status (check one)	<input type="checkbox"/> Married/Catholic Ceremony <input type="checkbox"/> Married/Other <input type="checkbox"/> Single <input type="checkbox"/> Other _____	<input type="checkbox"/> Married/Catholic Ceremony <input type="checkbox"/> Married/Other <input type="checkbox"/> Single <input type="checkbox"/> Other _____
Marriage Date	____ / ____ / ____	____ / ____ / ____
Occupation		
Employer		
Religious Denomination	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other _____	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other _____
Sacraments Received (mm/dd/yyyy)	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____

IMPORTANT! See back to complete children's information.

PLEASE PRINT	CHILD	CHILD	CHILD
Name (first/middle/last)			
Sex (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate	/ /	/ /	/ /
Preferred Name			
School			
Current Grade			
Sacraments Received (mm/dd/yyyy)	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____

	CHILD	CHILD	CHILD
Name (first/middle/last)			
Sex (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate	/ /	/ /	/ /
Preferred Name			
School			
Current Grade			
Sacraments Received (mm/dd/yyyy)	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____	Baptism _____ Eucharist _____ Reconciliation _____ Confirmation _____

OPTIONAL	
Family Income (check one)	<input type="checkbox"/> Below \$30,000 <input type="checkbox"/> \$30,00-\$59,999 <input type="checkbox"/> \$60,000-\$99,999 <input type="checkbox"/> Over \$100,000
	<input type="checkbox"/> Yes, I would like information about Living Wills/Healthcare Directives.
	<input type="checkbox"/> Yes, I would like information about Estate Planning and Planned Giving.
	<input type="checkbox"/> Yes, I have remembered Saint Charles in my will, trust or similar document.

For questions, please call the Parish Office at (816) 436-0880.

FOR PARISH OFFICE USE ONLY		
Effective Date	Welcome Letter Mailed	Gift Inventory Mailed
Envelope Number	Starter Envelopes Mailed	Follow-up Call