

*Saint Joseph's Church  
Charlton, Massachusetts*

**Parish Registration**

Family Name  Date Registered

Phone #  Check if unlisted

Mailing Address  Zip

Residential Address  Zip

E-Mail Address

Husband/male Name  Occupation

Employer  Business Phone #

Wife/Female Name  Occupation

Maiden Name  Business Phone #

Employer

**MEMBER INFORMATION**

	Husband or single or widowed Male	Wife or single or Widowed female	Child's First and last name	Child's first and last name
NAME				
Date of Birth				
Baptized	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
1 <sup>st</sup> Communion	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
1 <sup>st</sup> Penance	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
Confirmation	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
Date of Marriage				
Church Name and city, state				
Catholic or other				
Ministry *				
Ministry *				
Talent **				
Talent **				

(Additional Children on Back)

- Ministries include such things as Altar Guild, Eucharistic Minister, Liturgy Committee, Choir, Lector, Usher, Religious Education, R.C.I.A., Bible Study, Adult Religious Education, Prayer Groups, Newsletter, Retreats, Finance Committee, Marriage Encounter, St. Vincent dePaul Society, Coffee Shop, Evangelization and Elderly Concerns.
- Talents include such things as Musician, Church Maintenance and Repair, Carpentry, Painting, Plumbing, Electrical, Landscaping, Babysitting, Baking, Accounting, Fund-Raising and Office.

**MEMBER INFORMATION**

	Child's First and last name	Child's First and last name	Child's First and last name	Child's First and last name
NAME				
Date of Birth				
Baptized	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
1 <sup>st</sup> Communion	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
1 <sup>st</sup> Penance	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
Confirmation	Y N Year	Y N Year	Y N Year	Y N Year
Church Name				
Catholic or other				
Ministry *				
Ministry *				
Talent **				
Talent **				

	Child's First and last name	Child's First and last name
NAME		
Date of Birth		
Baptized	Y N Year	Y N Year
Church Name		
1 <sup>st</sup> Communion	Y N Year	Y N Year
Church Name		
1 <sup>st</sup> Penance	Y N Year	Y N Year
Church Name		
Confirmation	Y N Year	Y N Year
Church Name		
Catholic or other		
Ministry *		
Ministry *		
Talent **		
Talent **		

Other Notes and Comments:

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**St. Joseph's Church**  
**P.O. Box 338**  
**Charlton City, MA 01508**  
**(508) 248-7862 (508) 248-7986**  
**Office e-mail stjocharlton@aol.com**  
**Web Site: st\_joes.com**

*Thank You*

