

DIOCESE OF CHARLESTON

PARISH PASTORAL COUNCIL -- MEMBERSHIP APPLICATION -- (rev. 9/14/2005)

PARISH: ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

FULL NAME: _____

TELEPHONE: (Home) _____ (Cell) _____ (Work) _____

FULL ADDRESS: _____

E-MAIL ADDRESS: _____ OCCUPATION: _____

DATE OF BIRTH: _____

SACRAMENTS -- IN FULL COMMUNION WITH THE CATHOLIC CHURCH:

BAPTISM: YEAR: _____ CHURCH: _____

CONFIRMATION: YEAR: _____ CHURCH: _____

MARRIAGE: YEAR: _____ CHURCH: _____

SINGLE MARRIED DIVORCED WIDOWED REMARRIED

SPOUSE'S FULL NAME & RELIGION _____

WHERE MARRIED CATHOLIC PROTESTANT OTHER CIVIL

WITH CATHOLIC CHURCH PERMISSION YES NO

FIRST MARRIAGE FOR YOU YES NO - DEATH _____ DIVORCE _____

FIRST MARRIAGE FOR SPOUSE YES NO - DEATH _____ DIVORCE _____

IF EITHER ONE EITHER DIVORCED & REMARRIED, STATUS OF ANNULMENTS

DATE SUBMITTED: _____ ACCEPTED BY: _____