

Good Shepherd Catholic Church
Catholics Returning Home (CRH) Program
Registration/Personal Information Form

*Information on this form is held in confidence by team members only and is not shared without your permission.
Please write clearly if you are filling out this form by hand.*

Date: _____

NAME First: _____ Middle: _____ Last: _____

Mailing Address: _____

Street _____ *City* _____ *State* _____ *Zip Code* _____

Phone (Daytime): _____ (Evening/Weekend): _____

Cell/Mobile Phone: _____ Occupation: _____

Email (Home): _____ Other: _____

We would like to get to know you before we start our program. Please answer the following questions – only if you are comfortable sharing your thoughts - to help us focus on your spiritual needs:

1. I would like to participate in the CRH Program because: _____

2. My hope/expectations for participating _____

3. My fears/apprehensions _____

4. My feelings about the Church are _____

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-
-
5. My feelings about God at this time _____
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6. The questions/issues that I most want answered in these sessions are: _____
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-
-
7. Any other thoughts, questions or comments: _____
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-
-

If you left the Catholic Church because of your marital status, please check the appropriate statement(s) below. One of the CRH Team member can assist you in filing the necessary paperwork should you wish to pursue church annulment.

- I am married in the Catholic Church
- I am divorced and remarried
- I am married civilly
- I am divorced and I intend to remarry