

PARTNER PARISH CENSUS FORM

I AM A MEMBER OF: *Circle one please*

PLEASE COMPLETE THIS FORM (PRINTING NEATLY) AND DROP IT IN THE COLLECTION BASKET OR DROP IT OFF AT THE PARISH OFFICE. WE NEED AS MUCH INFORMATION AS POSSIBLE TO HAVE ACCURATE AND UP-TO-DATE PARISH RECORDS.

ST. AMBROSE ST. MATTHEW ST. SYLVESTER

NEW or PARISH ENVELOPE #: _____

Under religion, please write R. C. for Roman Catholic.

Under Baptized, Confirmed and Communion columns, please mark Y if sacrament was RECEIVED and N or leave blank if sacrament was NOT RECEIVED.

Last Name _____ First Name _____ Home Phone # _____ Unlisted? Y N

Address _____ City _____ Zip _____

	Title: Mr, Mrs, Miss, Dr	First Name, Middle Initial, [Maiden Name]	Birth Date mm/dd/yy	Cell Phone #	Religion	Baptized	Confirmed	Communion	Occupation	Place of Employment Work - Phone #
Name										
Spouse										

____ Single ____ Married by Minister or District Magistrate with Church Dispensation? ____ Yes ____ No ____ Separated ____ Divorced ____ Widowed

____ Married by Priest Date _____ Church _____

Family E-mail Address _____ Spouse's E-mail Address _____

CHILDREN LIVING AT HOME OR IN COLLEGE (UNDER THE AGE OF 24) ADULT CHILDREN (22 & up) SHOULD FILL OUT THEIR OWN FORM

First Name, Middle Initial	Date of Birth mm/dd/yy	Religion	Baptized	Confirmed	Communion	Grade	School or Employer	College or Occupation

Would you like to receive The Catholic Accent? ____ Yes ____ NO ____ Already Receive

On the back of this form, please indicate areas of parish life that members of your family are interested in or currently involved. Today=s Date _____