

Registration/Census Form

Parish: St. Joseph:

St. Clara:

Other: _____

Family Name: _____

Envelopes Issued Box # _____

Date: _____

Husband or Male Member

Name _____

Birthdate _____

Please Circle:

Baptized? Y N

1st Communion? Y N

Confirmed? Y N

Convert? Y N

Religion Practiced? _____

Marital Status

S M W D - Annulled? Y N

If Married:

Date of Marriage _____

Place of Marriage: _____

Church Name _____

City & State _____

Highest Educ. Degree

HS COLL TECH

Other _____

Occupation _____

Where _____

Wife or Female Member

Name _____

Birthdate _____

Please Circle:

Baptized? Y N

1st Communion? Y N

Confirmed? Y N

Convert? Y N

Religion Practiced? _____

Marital Status

S M W D - Annulled? Y N

If Married:

Date of Marriage _____

Place of Marriage: _____

Church Name _____

City & State _____

Highest Educ. Degree

HS COLL TECH

Other _____

Occupation _____

Where _____

Address: _____

City State Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Children at Home:

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Baptized?</u>	<u>First Comm?</u>	<u>Confirmed?</u>
1	M F		Y N	Y N	Y N
2	M F		Y N	Y N	Y N
3	M F		Y N	Y N	Y N
4	M F		Y N	Y N	Y N
5	M F		Y N	Y N	Y N
6	M F		Y N	Y N	Y N
7	M F		Y N	Y N	Y N
8	M F		Y N	Y N	Y N
9	M F		Y N	Y N	Y N

Other Children: _____

Notes/Other: _____