

St. John Paul II Parish Census Form



Today's date: _____

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Ms. Miss Dr. Other _____	Mr. Mrs. Ms. Miss Dr. . Other _____
Name:	First: _____ Last: _____ Middle: _____ Maiden: _____	First: _____ Last: _____ Middle: _____ Maiden: _____
Gender: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday:	Date: ___/___/___	Date: ___/___/___
Preferred or Nickname		
STREET Address:	_____	_____
City, State, Zip:	_____	_____
MAILING Address:	P.O. Box _____ City _____	P.O. Box _____ City _____
Home Phone:	____-____-____ unlisted <input type="checkbox"/>	____-____-____ unlisted <input type="checkbox"/>
Work Phone:	____-____-____ unlisted <input type="checkbox"/>	____-____-____ unlisted <input type="checkbox"/>
Cell Phone:	____-____-____ unlisted <input type="checkbox"/>	____-____-____ unlisted <input type="checkbox"/>
E-mail address:		
Occupation:		
Employer:		
Church in which baptized: (Name of church, city, state)	_____	_____
Sacraments:	Baptism 1 st Communion Confirmation Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Baptism 1 st Communion Confirmation Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status:		
Church in which married: (Name of church, city, state)	_____	_____
Anniversary date:	Date: ___/___/___	Date: ___/___/___
Religion: (If other than Catholic)		
I currently practice my Catholic faith. How can we help you?	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason? _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason? _____
Permission to Report Contributions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

	Head of Household	Spouse
My Parents Name:		
High School I attended?		
Education after high school? (degrees, schools attended)		

Children (Current dependents)

Name (first, middle, last)	Birth date:	Where Baptized?	1 st Comm.	Confirmed	Grade	School
	Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Adult Children

Name	Married?	Spouse's Full Name.	Address (city, state) (or college)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	

Other Pertinent Information:
