

# St. John Paul II Parish Census Form



Today's date: \_\_\_\_\_ Former Parish: \_\_\_\_\_

**Envelopes** Yes  No     
 **Automatic Withdrawal** Yes  No     
 **Online Giving** Yes  No

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

### Additional Information

	Head of Household	Spouse
High school I attended?		
College I attended?		
My Parents Name:	My Father: _____ My Mother: _____	Spouse's Father: _____ Spouse's Mother: _____

### Children (Current dependents)

Name (first, middle, last)	Birth date:	Where Baptized?	1 <sup>st</sup> 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:

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