

HOLY ANGELS CENSUS

FAMILY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER(S) _____

OFFICE USE ONLY	
DATE OF REGISTRATION	_____
ENVELOPE NUMBER	_____
COPY SENT TO SCHOOL	_____
CATHOLIC TELEGRAPH	_____
WELCOME LETTER	_____

HOUSEHOLD MEMBERS	FIRST NAME	MAIDEN NAME	DATE OF BIRTH	SEX M/F	RELIGION
Head of Household					
Spouse					

CHILDREN RESIDING IN HOUSE HOLD	FIRST NAME	LAST NAME IF DIFFERENT FROM "FAMILY NAME"	DATE OF BIRTH	SEX M/F	RELIGION	DATE OF BAPTISM	NAME OF CHURCH & CITY OF BAPTISM
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PREVIOUS PARISH _____ CITY _____
 ARE YOU: SINGLE? _____ MARRIED? _____ WIDOW(ER)? _____ DIVORCED? _____ SEPARATED? _____
 DATE OF MARRIAGE: _____ CHURCH OF MARRIAGE: _____

INTEREST AND SKILLS: If interested in any area of ministry or service to Holy Angels, print your name next to the area of interest and you will be contacted with more information.

LITURGICAL
 Communion Minister _____
 Lector _____
 Musician _____
 Choir Member _____
 Usher _____
 Mass Server _____

MINISTRY TO THE SICK
 Hospital Visitation _____
 Nursing Home _____
 Private Home _____

PARISH PICNIC _____
FISH _____
 (Friends In Service to Humanity)

GRADE SCHOOL
 Area of interest _____

P.S.R. (Parish School of Religion)
 Teacher _____
 Aide _____

JUNIOR HIGH YOUTH MINISTRY
 Teacher _____
 Aide _____

HIGH SCHOOL YOUTH GROUP
 Teacher _____
 Aide _____

R.C.I.A.
 Sponsor _____
 Hospitality _____