



Saint Joseph, Pillar of Families

Holy Angels | Saints Peter & Paul | Sacred Heart of Jesus | Saint Michael

FOR OFFICE USE

DATE OF REGISTRATION _____

ENVELOPE NUMBER _____

CENSUS FORM

PLEASE MARK YOUR PREFERRED CHURCH: Holy Angels Sts. Peter and Paul Sacred Heart of Jesus St. Michael

FAMILY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

HOUSEHOLD MEMBERS	FIRST NAME	MAIDEN NAME	DATE OF BIRTH	SEX M/F	RELIGION
HEAD OF HOUSEHOLD					
SPOUSE					

MINOR CHILDREN RESIDING IN HOUSEHOLD*						
FIRST NAME	LAST NAME	DATE OF BIRTH	SEX M/F	RELIGION	DATE OF BAPTISM	NAME OF CHURCH & CITY OF BAPTISM

*ADULT CHILDREN OVER THE AGE OF 18 WILL NEED TO COMPLETE THEIR OWN CENSUS FORM.

PREVIOUS PARISH _____

SINGLE _____ MARRIED _____ WIDOW(ER) _____ DIVORCED _____ SEPARATED _____

DATE OF MARRIAGE: _____ CHURCH OF MARRIAGE: _____

There are many opportunities for volunteers at each of our churches. If you are interested in volunteering, please call the office, and we will direct you to the proper person regarding your interest.

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