

DATE OF REGISTRATION _____

ENVELOPE NUMBER _____

HOLY ANGELS CENSUS

FAMILY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS (home) _____ (cell) _____

E-MAIL _____

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

CHILDREN RESIDING IN HOUSEHOLD	FIRST NAME	LAST 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							

PREVIOUS PARISH _____

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

DATE OF MARRIAGE _____ CHURCH OF MARRIAGE _____

INTERESTS AND SKILLS: Please check any area of interest.

LITURGICAL

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

MINISTRY TO THE SICK

Hospital _____
 Nursing Home _____
 Private Home _____

PARISH PICNIC _____

FISH (Friends In Service to Humanity) _____

ST. VINCENT de PAUL _____

HISPANIC MINISTRY _____

Revised 03-12-2018

GRADE SCHOOL

Area of Interest _____

PARISH SCHOOL OF RELIGION (P.S.R.)

Teacher _____
 Aide _____

JUNIOR HIGH YOUTH MINISTRY

Teacher _____
 Aide _____

HIGH SCHOOL YOUTH GROUP

Teacher _____
 Aide _____

R.C.I.A.

Sponsor _____