

HOLY ANGELS CENSUS

FOR OFFICE USE

DATE OF REGISTRATION _____

ENVELOPE NUMBER _____

FAMILY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (home): _____ (cell): _____

Email: _____

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

PREVIOUS PARISH _____

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

DATE OF MARRIAGE: _____ CHURCH OF MARRIAGE: _____

INTERESTS AND SKILLS: *Please check any area of interest.*

LITURGICAL

- Eucharistic Minister of Holy Communion
- Lector
- Musician
- Choir Member
- Cantor
- Usher
- Mass Server

MINISTRY TO THE SICK

- Hospital
- Nursing Home
- Private Home

RELIGIOUS EDUCATION

- Teacher
- Aide

- PARISH PICNIC**
- ST. VINCENT DE PAUL**
- RCIA SPONSOR**

JUNIOR HIGH YOUTH MINISTRY

- Team Member

HIGH SCHOOL YOUTH GROUP

- Team Member

GRADE SCHOOL (Area of Interest): _____