



Census/Registration Form For New Members

Head of Household: _____
(Prefix) First Middle Last

Date of Birth: _____

Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Spouse's Name: _____
(Prefix) First Middle Last

Date of Birth: _____

Spouse's Phone: _____

Spouse's Email: _____

Marital Status:

Married were you married in a church **Yes or No** Date: _____ Church: _____ City/St: _____

Single Remarried Divorced Separated Widowed

Do you want to receive weekly Friday Flocknote Email Updates? Yes or No

Do you want to receive the Criterion? Yes or No

Do you want collection envelopes? Yes or No Are you interested in auto-withdrawal from savings or checking? Yes or No

Are you interested in donating thru our Parish Website Online Giving? Yes or No

Are you/your family interested in the following ministries?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adoration Chapel Hour | <input type="checkbox"/> Lector | <input type="checkbox"/> Adult Choir | <input type="checkbox"/> Hot Meals Program |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Church Cleaning Crew | <input type="checkbox"/> Greeter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cantor | <input type="checkbox"/> Funeral Meals | <input type="checkbox"/> Catechists | |
| <input type="checkbox"/> Server | <input type="checkbox"/> Vacation Bible School | <input type="checkbox"/> Musician/Organist | |

Individual Member Information

Full Name: _____
First
Middle
Last

Maiden Name: _____

Address if different from Household: _____

Date of Birth: ___/___/___ Gender: Male or Female

Family Status:

Head Spouse Adult Young Adult Child Other _____

Occupation: _____ Business Name: _____

School: _____ Grade: _____

Religion: Catholic Protestant None Other _____

Sacrament Date Church/Location

Baptism		
1st Eucharist		
Confirmation		

Additional Information

Individual Member Information

Full Name: _____
First
Middle
Last

Maiden Name: _____

Address if different from Household: _____

Date of Birth: ___/___/___ Gender: Male or Female

Family Status:

Head Spouse Adult Young Adult Child Other _____

Occupation: _____ Business Name: _____

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