

FAMILY NAME _____

TODAY'S DATE: _____

Envelope No. _____

ST. DENNIS PARISH CENSUS INFORMATION

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE NUMBER: _____

FAMILY E-MAIL ADDRESS: _____

FAMILY STATUS please circle one: Single, Married, Divorced, Remarried, Widow/Widower, Engaged

I/We would like information on:

- RCIA
- Baptism
- School
- GIFTS Program
- Blessing of Marriage
- Blessing of Home

HUSBAND'S FIRST NAME: _____

PREFERRED NICK NAME: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

BIRTH DATE: _____

OCCUPATION: _____

WHERE EMPLOYED: _____

BUSINESS PHONE: _____

DO YOU SPEAK A 2ND LANGUAGE? _____

IF YES, WHICH ONE? _____

RELIGION: _____

SACRAMENTS: Please indicate YES or NO

BAPTISM _____ 1st COMMUNION _____

CONFIRMATION _____ MARRIED BY PRIEST/DEACON _____

CHURCH OF MARRIAGE: _____

DATE OF MARRIAGE: _____

WIFE'S FIRST NAME: _____

WIFE'S MAIDEN NAME: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

BIRTH DATE: _____

OCCUPATION: _____

WHERE EMPLOYED: _____

BUSINESS PHONE: _____

DO YOU SPEAK A 2ND LANGUAGE? _____

IF YES, WHICH ONE? _____

RELIGION: _____

SACRAMENTS: Please indicate YES or NO

BAPTISM _____ 1st COMMUNION _____

CONFIRMATION _____ MARRIED BY PRIEST/DEACON _____

(over)

CHILDREN LIVING AT SAME ADDRESS

Child's Name _____ Birth Date _____
Male / Female _____ School Name _____ Grade _____
Sacraments: Yes or No BAPTISM: _____ Date / Church _____
1st Communion: Date / Church _____ Confirmation: Date / Church _____

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Male / Female _____ School Name _____ Grade _____
Sacraments: Yes or No BAPTISM: _____ Date / Church _____
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Male / Female _____ School Name _____ Grade _____
Sacraments: Yes or No BAPTISM: _____ Date / Church _____
1st Communion: Date / Church _____ Confirmation: Date / Church _____

OTHER ADULTS LIVING AT SAME ADDRESS (PARENTS/IN-LAWS/SIBLINGS)

NAME: _____ BIRTH DATE: _____
HOW RELATED? _____ Special Needs (if any) _____

Please use another sheet of paper if needed:

How can we help you? Do you have any particular needs at this time, ie., Home-bound visits, nursing home visits, etc.

Would you share your talents/time with us? Please check the Ministry description/signup sheets. _____
