

Holy Spirit Parish Census Form

Registration Date: ____/____/____

Envelope Number: _____ (For office use only)

General Family Information

Family Last Name _____ Primary Phone Number _____
 Address _____ City _____ Zip Code _____
 Emergency Contact (Adult living outside this residence): Name _____
 Relationship _____ Contact's Phone Number _____

Adult's Information

Title _____ First Name _____ Last Name _____
 Maiden Name _____ Birth Date ____/____/____ Goes by _____
 E-mail Address _____ Phone Number (Cell) _____
 Education: Student Completed: High School College Technical Field of Study _____
 Employer _____ Position/Type of Work _____
 Religion _____ Are you interested in receiving information about becoming Catholic? Yes No
 Are you Baptized? Yes No Church _____ City _____ Date ____/____/____
 Received First Communion? Yes No Church _____ City _____ Date ____/____/____
 Are you Confirmed? Yes No Church _____ City _____ Date ____/____/____
 Are you Married? Yes No Church _____ City _____ Date ____/____/____
 Marital Status: Single Separated Divorced Remarried Widowed Date ____/____/____
 Are you interested in receiving information about the annulment process? Yes No

Title _____ First Name _____ Last Name _____
 Maiden Name _____ Birth Date ____/____/____ Goes by _____
 E-mail Address _____ Phone Number (Cell) _____
 Education: Student Completed: High School College Technical Field of Study _____
 Employer _____ Position/Type of Work _____
 Religion _____ Are you interested in receiving information about becoming Catholic? Yes No
 Are you Baptized? Yes No Church _____ City _____ Date ____/____/____
 Received First Communion? Yes No Church _____ City _____ Date ____/____/____
 Are you Confirmed? Yes No Church _____ City _____ Date ____/____/____
 Are you Married? Yes No Church _____ City _____ Date ____/____/____
 Marital Status: Single Separated Divorced Remarried Widowed Date ____/____/____
 Are you interested in receiving information about the annulment process? Yes No

Children's Information: (Any family member age 24 and older, or out of college, needs to register individually.)

First name and last if different than Family Name	Birth Date	Baptized	Communion	Confirmed	Present School and Grade
1.	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Instructions: Please print or type your information on this form. Fill in as completely as possible. Return to the Parish Office by mail, collection basket or in person. Adult children are being asked to register as individuals and can fill out their own information. If you have any comments or special instructions, please add them to the back of this page.

The information provided by you in this form is used by the staff of Holy Spirit Parish to serve you better. All information is kept in the strictest confidence.