



HOLY FAMILY PARISH CONFIDENTIAL CENSUS

FAMILY ID # _____
 REGISTRY DATE _____
 CMA _____
 ENVELOPES _____
 ONE CALL NOW _____
 WG _____

Last Name _____ Primary Phone _____

Address _____ City _____ Zip _____

Email Addresses: _____

	Head of Household	Spouse	Additional Adult	Child	Child	Child
First Name						
Last Name <i>(if different)</i>		Maiden Name:				
Preferred Name						
Gender						
Date of Birth						
Cell Phone						
Marital Status S M W D	Married: Date & Place		<i>relation:</i>			
Religion						
Convert Y/N						
Employer				School	School	School
Work Phone				Grade	Grade	Grade
Baptism Date / Place						
First Communion						
Confirmation						

Special Needs? Physical handicap, homebound or other issue we should know about? _____

- Interested in participating in a parish activity?* EUCHARIST MINISTER LECTOR GREETER ALTAR SERVER USHER CHOIR EUCHARISTIC ADORATION SACRISTAN
 BEREAVEMENT MINISTRY RELIGIOUS EDUCATION MINISTRY OF CARE PRAYER CHAIN GARDENING ANGELS MEN'S STUDY GROUP WIDOWS & WIDOWERS SOCIAL CLUB
 ST. VINCENT DE PAUL KNIGHTS OF COLUMBUS SONS & DAUGHTERS OF ITALY VACATION BIBLE SCHOOL RCIA - RITE OF CHRISTIAN INITIATION FOR ADULTS