



# HOLY FAMILY PARISH CONFIDENTIAL CENSUS

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

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Addresses: \_\_\_\_\_

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

**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  BEREAVEMENT MINISTRY  RELIGIOUS EDUCATION  SACRISTAN  MINISTRY OF CARE  PRAYER CHAIN  GARDENING ANGELS  MENS FELLOWSHIP  GATHERING OF WIDOWS  ST. VINCENT DE PAUL  K OF C