

St. John the Baptist Church PARISHIONER REGISTRATION FORM

Census Form –Revised 11/16

CONTACT INFORMATION

Family Last Name:		<input type="checkbox"/> Mr./Mrs.	Today's Date: _____
First Name: (submitted by)		<input type="checkbox"/> Mr.	<input type="checkbox"/> New Family
Address:		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Update
		<input type="checkbox"/> Ms.	<input type="checkbox"/> Change
Best Contact Phone#:	(circle one): Cell Home Other	<input type="checkbox"/> Miss	<input type="checkbox"/> Other _____
Email:		<input type="checkbox"/> Other _____	
Additional Phone#:	(circle one): Cell Home Other	School Parent?: YES / NO	

MARRIAGE INFORMATION

Name of Church Where Married:		Married By:	Status:
City:		<input type="checkbox"/> Catholic Priest/Deacon	<input type="checkbox"/> Single
State:		<input type="checkbox"/> Minister	<input type="checkbox"/> Married
		<input type="checkbox"/> Justice of Peace	<input type="checkbox"/> Divorced / Separated
Date of Marriage:		<input type="checkbox"/> Other _____	<input type="checkbox"/> Widowed / Widower

ADULTS IN HOUSEHOLD /

CHILDREN IN HOUSEHOLD*

	Male Head of Household:	Female Head of Household:	Child 1	Child 2	Child 3	Child 4
Name:			M / F	M / F	M / F	M / F
Birth Date:						
**Maiden Name:	NA	**	NA	NA	NA	NA
**Religion:	**	**				
Baptism Date:						
Baptism Church:						
1 st Communion (circle one):	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Confirmation (circle one):	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Education (highest gr./degree):						
Occupation:			NA	NA	NA	NA
Attending Religious Ed at Parish?	NA	NA	YES / NO	YES / NO	YES / NO	YES / NO
Degree/School Attending:						

**** Required**

***list child even if they are away at school or in the service but living in household when home**