



CENSUS update

Parishioner INFORMATION Form

Today's Date _____

Church Envelope # _____

Full Name - Father/ Husband _____

Birthdate _____

Phone Number(s): Home _____

Cell _____

Email Address _____

Workplace/Occupation _____

Retired (Yes or No) _____

Is Catholic _____ Is Not Catholic _____ If NOT Catholic ~ Wants to do RCIA? _____

Baptism - Year/ Place _____

1st Communion - Year / Place _____

Confirmation - Year / Place _____

St. Joseph Parish School ALUMN ? (Yes or No) _____

Graduated Here? (Yes or No) _____ IF Yes--Year? _____

Full Name - Mother/Wife (include Maiden Name) _____

Birthdate _____

Phone Number(s): Home _____

Cell _____

Email Address _____

Workplace/Occupation _____

Retired (Yes or No) _____

Is Catholic _____ Is Not Catholic _____ If NOT Catholic ~ Wants to do RCIA? _____

Baptism - Year/ Place _____

1st Communion - Year / Place _____

Confirmation - Year / Place _____

St. Joseph Parish School ALUMN ? (Yes or No) _____

Graduated Here? (Yes or No) _____ IF Yes--Year? _____

Home Address _____

IF Married - Date / Place _____

**RETURN FORM to the RECTORY ~ can put it into the Offertory Basket
OR mail to: 215 Falls Ave., Cuyahoga Falls, OH 44221**

Dependent / Children at Home

Child - First / MI / Last _____

Birthdate _____

Baptism - Year/Place _____

1st Communion - Year/Place _____

Confirmation - Year/Place _____

Attending what school _____

St. Joseph Parish School ALUMN ? (Yes or No) _____

Graduated Here? (Yes or No)_____ IF Yes--Year? _____

Child - First /MI/ Last _____

Birthdate _____

Baptism - Year/Place _____

1st Communion - Year/Place _____

Confirmation - Year/Place _____

Attending what school _____

St. Joseph Parish School ALUMN ? (Yes or No) _____

Graduated Here? (Yes or No)_____ IF Yes--Year? _____

Child - First /MI/ Last _____

Birthdate _____

Baptism - Year/Place _____

1st Communion - Year/Place _____

Confirmation - Year/Place _____

Attending what school _____

St. Joseph Parish School ALUMN ? (Yes or No) _____

Graduated Here? (Yes or No)_____ IF Yes--Year? _____

Child - First /MI/ Last _____

Birthdate _____

Baptism - Year/Place _____

1st Communion - Year/Place _____

Confirmation - Year/Place _____

Attending what school _____

St. Joseph Parish School ALUMN ? (Yes or No) _____

Graduated Here? (Yes or No)_____ IF Yes--Year? _____

Use Separate Additional Sheet of Paper for more than 4 children