



BURLINGTON-LYONS
CATHOLIC COMMUNITY
ST. MARY • ST. JOSEPH • ST. CHARLES

FAMILY REGISTRATION/CENSUS FORM

Choose your parish: ☐ St. Mary ☐ St. Joseph ☐ St. Charles

OFFICE USE ONLY

Date Registered: _____

ID/Envelope #: _____

Family Last Name _____ Street Address _____

Wife's Maiden Name _____ City/State/Zip _____

New parishioners: May we welcome you by name in the bulletin?

☐ Yes ☐ No

Mailing Address *if different* _____

City/State Zip _____

HEAD OF HOUSE:

Select one: Mr Mrs Ms Miss Dr Name (first + middle initial) _____

Gender: M F

Date of Birth _____ Religion _____ Marital Status* _____

Baptized: Y N

Nickname _____ Phone _____

1st Comm: Y N

Email _____ Occupation _____

Confirmed: Y N

Special needs ** _____ Employer _____

SPOUSE:

Select one: Mr Mrs Ms Miss Dr Name (first + middle initial) _____

Gender: M F

Date of Birth _____ Religion _____ Marital Status* _____

Baptized: Y N

Nickname _____ Phone _____

1st Comm: Y N

Email _____ Occupation _____

Confirmed: Y N

Special needs ** _____ Employer _____

Date of Marriage _____ Church of Marriage (Name/City/State) _____

Marriage Valid in the Catholic Church? Y N

* Single/Married/Widow(er)/Divorced/Legally Separated ** Vision/Hearing/Mental/Autism/Physical/Wheelchair/Shut-in

Please see other side for children ➡

CHILD

Name (Last, first + middle initial)					Gender:	M	F
Nickname			Date of Birth		Religion		
Baptized:	Y	N					
School			Grade		Special needs**		
1 st Comm:	Y	N					
REP Attending:	Sunday Morning	Family/Wednesday	Sunday Life Night	None	Confirmed:	Y	N

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Name (Last, first + middle initial)					Gender:	M	F
Nickname			Date of Birth		Religion		
Baptized:	Y	N					
School			Grade		Special needs**		
1 st Comm:	Y	N					
REP Attending:	Sunday Morning	Family/Wednesday	Sunday Life Night	None	Confirmed:	Y	N

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REP Attending:	Sunday Morning	Family/Wednesday	Sunday Life Night	None	Confirmed:	Y	N

** Vision/Hearing/Mental/Autism/Physical/Wheelchair/Shut-in

SHUT-IN LOCATIONS

Name		Hospital/Nursing Home	
Name		Hospital/Nursing Home	