

## ST. JOSEPH CHURCH CENSUS FORM

*(Please print clearly. Thank you!)*

DATE REGISTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_ HEAD: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ UNLISTED? Yes - No

EMAIL ADDRESS: \_\_\_\_\_

TITLE: *(Please circle one)* Mr/Mrs - Mr - Mrs - Ms - Dr/Mrs

MARITAL STATUS: *(Please circle one)* Married - Single - Divorced - Separated - Widowed

CHURCH ATTENDANCE: *(Please circle one)* Frequent - Regular - Occasional - Seldom

PREVIOUS PARISH/TOWN: \_\_\_\_\_

COMMENTS OR REMARKS: \_\_\_\_\_

	HEAD	SPOUSE
FIRST NAME		
LAST NAME (if different)		<i>Maiden Name:</i>
MARITAL STATUS:		
RELIGION:		
OCCUPATION:		
LOCATION OF BUSINESS:		
BUSINESS PHONE NUMBER:		
SEX:	Male / Female	Male / Female
BIRTHDATE:	____/____/____	____/____/____
BAPTIZED: (If yes, fill in date and church/city)	Yes / No    Date: ____/____/____ Church: _____ City: _____	Yes / No    Date: ____/____/____ Church: _____ City: _____
1st COMMUNION: (If yes, fill in date and church/city)	Yes / No    Date: ____/____/____ Church: _____ City: _____	Yes / No    Date: ____/____/____ Church: _____ City: _____
CONFIRMATION: (If yes, fill in date and church/city)	Yes / No    Date: ____/____/____ Church: _____ City: _____	Yes / No    Date: ____/____/____ Church: _____ City: _____
MARRIAGE: (If yes, fill in date and church/city)	Yes / No    Date: ____/____/____ Church: _____ City: _____	Yes / No    Date: ____/____/____ Church: _____ City: _____

*Please turn page over for children's information.*

Please list all the children currently living in your household.

	CHILD	CHILD
FIRST NAME		
LAST NAME (if different)		
RELIGION:		
PRESENT GRADE:		
SEX:	Male / Female	Male / Female
BIRTHDATE:	____/____/____ City: _____	____/____/____ City: _____
BAPTIZED: (If yes, fill in date and church/city)	Yes / No    Date: ____/____/____ Church: _____ City: _____	Yes / No    Date: ____/____/____ Church: _____ City: _____
1st COMMUNION: (If yes, fill in date and church/city)	Yes / No    Date: ____/____/____ Church: _____ City: _____	Yes / No    Date: ____/____/____ Church: _____ City: _____
CONFIRMATION: (If yes, fill in date and church/city)	Yes / No    Date: ____/____/____ Church: _____ City: _____	Yes / No    Date: ____/____/____ Church: _____ City: _____

\*\* We will need copies of baptismal certificates for children who were not baptized here at St. Joseph, Olney.

**May we print your names in our weekly bulletin and newsletter  
welcoming you as new parishioners?**

Yes \_\_\_\_\_ No \_\_\_\_\_