

SECTION 3**Other Members of Household**

Please complete the Other Members of Household Section. **Children currently in college should be included** Those children that have graduated from college or live on their own MUST register on their own Census Form as an individual parish family, even if they live at home. If you need additional spaces, please use a separate sheet, include all the required information, and attach it to your family form.

Child 1	Relationship: _____	
Name: _____		
First	Middle Initial	Last (if different from Family name)
Nickname: _____		
Sex: _____ Male _____ Female		
Address: _____		
(IF DIFFERENT THAN HEAD OF HOUSEHOLD)		
Date of Birth: _____	Religion: _____	
Current School: _____	Current Grade: _____	
Sacraments: Please check the ones the child has received and include date and parish		
_____ Baptism: _____		
_____ First Communion: _____		
_____ Confirmation: _____		

Child 2	Relationship: _____	
Name: _____		
First	Middle Initial	Last (if different from Family name)
Nickname: _____		
Sex: _____ Male _____ Female		
Address: _____		
(IF DIFFERENT THAN HEAD OF HOUSEHOLD)		
Date of Birth: _____	Religion: _____	
Current School: _____	Current Grade: _____	
Sacraments: Please check the ones the child has received and include date and parish		
_____ Baptism: _____		
_____ First Communion: _____		
_____ Confirmation: _____		

Child 3	Relationship: _____	
Name: _____		
First	Middle Initial	Last (if different from Family name)
Nickname: _____		
Sex: _____ Male _____ Female		
Address: _____		
(IF DIFFERENT THAN HEAD OF HOUSEHOLD)		
Date of Birth: _____	Religion: _____	
Current School: _____	Current Grade: _____	
Sacraments: Please check the ones the child has received and include date and parish		
_____ Baptism: _____		
_____ First Communion: _____		
_____ Confirmation: _____		

Child 4	Relationship: _____	
Name: _____		
First	Middle Initial	Last (if different from Family name)
Nickname: _____		
Sex: _____ Male _____ Female		
Address: _____		
(IF DIFFERENT THAN HEAD OF HOUSEHOLD)		
Date of Birth: _____	Religion: _____	
Current School: _____	Current Grade: _____	
Sacraments: Please check the ones the child has received and include date and parish		
_____ Baptism: _____		
_____ First Communion: _____		
_____ Confirmation: _____		

SECTION 4 Ministries and Parish Activities

St. Patrick Parish encourages its members, as part of the Body of Christ, to "love your neighbor." The ministries and organizations listed below can help you and your family achieve that goal. If you or your family would like to be contacted about one (or more) of the ministries or groups, please put a check by your interest(s).

Care & Concern**Liturgical Ministries****Parish Groups****Parish Education & Youth****Please send information or contact me about:**

_____ Prayer Chain
_____ Food Pantry
_____ Funeral Lunch

_____ Altar Server
_____ Reader
_____ Usher
_____ Music Ministry
_____ Church Environment
_____ Rosary Leader

_____ Knights of Columbus
_____ Catholic Daughters
_____ Christian Mothers

_____ St. Patrick School (volunteer)
_____ Religious Education (Teacher)
_____ Religious Education (Student)
_____ RCIA (Teacher)

_____ A family member is not able to attend Mass
_____ A family member would like to become Catholic
_____ Send info on Religious Education for my child(ren)
_____ Other: _____

Please list any ministries or groups in which you or a family member are currently involved: _____

Census/Registration Form

Family Name: _____

Have you been a member of a parish previously? If yes, where _____

SECTION 1 Please complete all information below		Office Use Only/ Env. #	Original Registration Date:
Home Address:		City & State:	Zip Code:
Home Phone:	How would you like your mail to be addressed (Please circle)? Mr. & Mrs. Mr. Mrs. Ms. Miss		
Mailing Address (complete only if different from home address):		City & State:	Zip Code:
SECTION 2 Heads of Household Information			
Male Head of Household		Female Head of Household	
Alumni of St. Patrick School? ____ Year ____		Alumna of St. Patrick School? ____ Year ____	
Full Name: _____ First Middle Initial Last (if different than family name)		Full Name: _____ First Middle Initial Last (if different than family name)	
Title (please select one): Mr. Dr. Other: _____		Title (please select one): Mrs. Ms. Dr. Other: _____	
Nickname: _____		Nickname: _____	
Date of Birth: _____ Religion: _____		Date of Birth: _____ Religion: _____	
Occupation/Job Title: _____		Occupation/Job Title: _____	
Employer: _____		Employer: _____	
Are you retired? Please circle: YES or NO		Are you retired? Please circle: YES or NO	
Work Phone: (____) _____ Cell Phone: (____) _____		Work Phone: (____) _____ Cell Phone: (____) _____	
Home E-Mail Address: _____		Home E-Mail Address: _____	
Sacraments: Please check the ones you have received and include date and Parish		Sacraments: Please check the ones you have received and include date and Parish	
____ Baptism: _____		____ Baptism: _____	
____ First Communion: _____		____ First Communion: _____	
____ Confirmation: _____		____ Confirmation: _____	
____ Marriage By a priest or deacon? Please circle: YES or NO		____ Marriage By a priest or deacon? Please circle: YES or NO	
Parish: _____ Date: _____		Parish: _____ Date: _____	
Present Status (Please check one):		Present Status (Please check one):	
____ Married ____ Widower ____ Divorced ____ Separated ____ Single ____ Cohabiting		____ Married ____ Widower ____ Divorced ____ Separated ____ Single ____ Cohabiting	