

Holy Angels Census Form

FAMILY NAME LAST: _____ FIRST: _____ PHONE: (_____) _____ UNLISTED? _____

TITLE: MR. / MRS. MR. MRS. MS. MISS DR. / MRS. P. O. BOX _____ STREET ADDRESS: _____

CITY: _____ ZIP: _____ DATE REGISTERED: _____ WILL USE ENVELOPES? _____

CHURCH ATTENDANCE: DAILY WEEKLY MONTHLY INFREQUENTLY HOLIDAYS NEVER NUMBER OF CHILDREN AT HOME: _____

COMMENTS OR REMARKS: _____ EMAIL: _____

PARISHIONER INFORMATION							
	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
FIRST NAME							
LAST NAME IF DIFFERENT MAIDEN NAME/SPOUSE							
ENV. # (OFFICE USE)							
MARITAL STATUS							
RELIGION							
SPECIAL NEEDS							
LANGUAGES SPOKEN							
OCCUPATION							
LOCATION							
BUS.PHONE & EXT.							
CELL PHONE							
GENDER							
BIRTH DATE							

**** INSTRUCTIONS ****

Please Circle the applicable TITLE: MR. / MRS. MR., ETC. and CHURCH ATTENDANCE: FREQUENT, REGULAR, Etc.
 MARITAL STATUS: Church Marriage = Married by a Priest Married = Married by a Minister, Etc.

CONTINUED ON OTHER SIDE

Holy Angels Census Form

PARISHIONER INFORMATION CONTINUED

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
BAPTISM	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:
PENANCE	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:
FIRST COMMUNION	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:
CONFIRMATION	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:
MARRIAGE	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:	(Y) (N) (H) (U) DATE:
MINISTRIES / TALENTS							
MINISTRIES / TALENTS							
MINISTRIES / TALENTS							
MINISTRIES / TALENTS							
MINISTRIES / TALENTS							
WOULD LIKE TO VOLUNTEER FOR:							
WOULD LIKE TO VOLUNTEER FOR:							

** INSTRUCTIONS **

Circle the following: Y = If Date is Unknown, but the Sacrament was received.

N = Sacrament has NOT been received.

H = Here (If the Sacrament was received at Holy Angels Church)

U = Unknown (No information is known of the Sacrament.)

Please include Month, Day and Year for Date.

Please enter the Membership in Church Organizations or any Volunteer work being done.

There are five spaces for ministries and two for volunteer work. If more space is needed, please use another sheet.