

IMMACULATE HEART OF MARY CHURCH CENSUS

(Information provided for church use only)

Family Name: _____ Date: _____

Address: _____

Street Address
Apt. No.
City
Zip Code

Telephone Numbers: _____

Home
Cell
Cell

Head of Household Email Address: _____

Family Type:

Two Parents with Minor Children <input type="checkbox"/>	One Parent with Minor Children <input type="checkbox"/>
Family with Adult Children <input type="checkbox"/>	Individual Residing Alone <input type="checkbox"/>
Married Couple with no Children at Home <input type="checkbox"/>	Two or More Adults at same address <input type="checkbox"/>

Male	Female
<p>Name _____ Birthday: _____</p> <p>Marital Status: This is My _____ Married By A Priest/Deacon? _____</p> <p>First Marriage <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Second Marriage <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Third Marriage <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Where/When did current marriage take place? _____</p> <p>If married civilly was marriage Convalidated (Blessed)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If not married in Catholic Church would you like to have marriage blessed in the Church? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Education: _____</p> <p>Employment/Title/Telephone #: _____</p> <p>Baptized _____ Communion _____ Confirmation _____ Convert _____</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Religion if Not Catholic: _____</p>	<p>Name _____ Birthday: _____</p> <p>Marital Status: This is My _____ Married By A Priest/Deacon? _____</p> <p>First Marriage <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Second Marriage <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Third Marriage <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Where/When did current marriage take place? _____</p> <p>If married civilly was marriage Convalidated (Blessed)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If not married in Catholic Church would you like to have marriage blessed in the Church? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Education: _____</p> <p>Employment/Title/Telephone #: _____</p> <p>Baptized _____ Communion _____ Confirmation _____ Convert _____</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Religion if Not Catholic: _____</p>

All Other Members Living in Your Household if Not Registered Separately:

#	Name	Birthdate	M/F	School/Employer	
					Baptized _____ Communion _____ Confirmation _____ Attend CCD _____ YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
					Baptized _____ Communion _____ Confirmation _____ Attend CCD _____ YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
					Baptized _____ Communion _____ Confirmation _____ Attend CCD _____ YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
					Baptized _____ Communion _____ Confirmation _____ Attend CCD _____ YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
					Baptized _____ Communion _____ Confirmation _____ Attend CCD _____ YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
					Baptized _____ Communion _____ Confirmation _____ Attend CCD _____ YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

Please use additional paper if indicated to list members of household

Is there anyone in your household who is Shut-in and would like a visit from the Pastor and/or Communion on a regular basis? YES NO _____

Any special needs? Who? (example: homebound, nursing home, blind, deaf, etc.) _____

I currently receive contribution envelopes YES NO _____

I would like to receive contribution envelopes: YES NO _____

Are there any programs or ministries you would like to have implemented in our parish? _____

What ministries do you or would you like to participate in? _____