

FAMILY NAME _____

TODAY'S DATE:
Env. No.

**WELCOME TO ST. DENNIS
PARISH CENSUS INFORMATION**

I/We would like information on:

ADDRESS _____

----- Baptism

SUBDIVISION _____ AREA School _____

CITY/ZIP _____ HOME PHONE NO. _____

Generations of Faith Blessing of Marriage _____

FAMILY STATUS: _____

(Single, Married, Divorced, Remarried, Widow/Widower, Engaged)

CELL PHONE : _____

E-MAIL ADDRESS: _____

Your's

Spouses

MEMBER NAME _____ (Nick Name) _____ **MAIDEN NAME** _____

BIRTH DATE _____ **MALE / FEMALE** _____ **OCCUPATION** _____

WHERE EMPLOYED _____ **BUSINESS PHONE** _____

DO YOU SPEAK A 2ND LANGUAGE? _____ **IF YES, WHICH ONE** _____

RELIGION _____ **SACRAMENTS: YES OR NO**

BAPTISM _____ **1ST COMMUNION** _____ **CONFIRMATION** _____ **MARRIED BY PRIEST OR DEACON** _____

CHURCH OF MARRIAGE _____ **DATE OF MARRIAGE** _____

SPOUSE'S NAME _____ (Nick Name) _____ **MAIDEN NAME** _____

BIRTH DATE _____ **MALE / FEMALE** _____ **OCCUPATION** _____

WHERE EMPLOYED _____ **BUSINESS PHONE** _____

DO YOU SPEAK A 2ND LANGUAGE? _____ **IF YES, WHICH ONE** _____

RELIGION _____ **SACRAMENTS: YES OR NO**

BAPTISM _____ **1st COMMUNION** _____ **CONFIRMATION** _____

(over)

CHILDREN LIVING AT SAME ADDRESS

Child's Name _____ Birth Date _____
Male / Female _____ School Name _____ Grade _____
Sacraments: Yes or No BAPTISM: _____ Date/Church _____
1st Communion: Date / Church _____ Confirmation: Date / Church _____

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OTHER ADULTS LIVING AT SAME ADDRESS (PARENTS/IN-LAWS/SIBLINGS)

NAME: _____ BIRTH DATE: _____
HOW RELATED? _____ Special Needs (if any) _____

Please use another sheet of paper if needed:

How can we help you? Do you have any particular needs at this time, ie., Home-bound visits, nursing home visits, etc.

Would you share your talents/time with us? Please check the Ministry description/signup sheets.