

Envelope Number: SS John & Bernard Parish Census Date Registered _____

Last Name: _____ Street/Mail Address: _____ City/State: _____ Zip Code: _____

Last Parish Registered At: _____ City/State: _____

Head of Household Information: Email Address: _____

First Name: _____ Catholic _____ Convert _____ Other Faith? _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Occupation: _____ Work Number: _____

If Baptized: Where? When? Church: _____ City/State: _____ Date: _____

If Confirmed: Where? When? Church: _____ City/State: _____ Date: _____

Please select marital status:

If Married: Where? Church: _____ City/State: _____ Date: _____

Were you married by a Catholic Priest or Deacon?

Disabled? _____ Shut-in? _____

Spouse Information: Email Address: _____

First Name: _____ Catholic _____ Convert _____ Other Faith? _____ Date of Birth: _____

Maiden Name: _____ Cell Phone: _____ Occupation: _____ Work Number: _____

If Baptized: Where? When? Church: _____ City/State: _____ Date: _____

If Confirmed: Where? When? Church: _____ City/State: _____ Date: _____

Disabled? _____ Shut-in? _____

Is anyone in your family a certified "Protecting God's Children" volunteer? _____

Children's information goes on the backside of this form.

