

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: \_\_\_\_\_

Mr Mrs Miss Ms Dr First Name: \_\_\_\_\_ Catholic Y / N Convert Y / N 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 circle: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

If Married: Where? Church: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Were you married by a Catholic Priest or Deacon? \_\_\_\_\_ Yes / No \_\_\_\_\_

Disabled? \_\_\_\_\_ Yes / No \_\_\_\_\_ Shut-in? \_\_\_\_\_ Yes / No \_\_\_\_\_

Spouse Information: \_\_\_\_\_ Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Catholic Y / N Convert Y / N 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? \_\_\_\_\_ Yes / No \_\_\_\_\_ Shut-in? \_\_\_\_\_ Yes / No \_\_\_\_\_

**Is anyone in your family a certified "Protecting God's Children" volunteer?** \_\_\_\_\_

*Children's information goes on the backside of this form.  
Do not list adult children as they should register themselves.*

For office use only  
Office \_\_\_\_\_

StewardSoft \_\_\_\_\_

BAA \_\_\_\_\_

