

CHURCH OF ST. CECILIA

2357 Bayless Place, St. Paul, MN 55114

Office: 651-644-4502 Fax: 651-647-1445

Confidential Census Information

Date: _____

Family Name: _____ **Address:** _____ **Apt #:** _____

City/State: _____ **Zip Code:** _____ **Home Phone: (____)_____**

Cell Phone #: (____)_____ **Cell Phone #: (____)_____** **Email:** _____

First Name With last name if different From above		DOB	Sex M/F	Religion	Baptism	First Penance	First Communion	Confirmation	Occupation	Business Phone
Yours										
Spouse										

Children Infant-Grade 12	DOB	Sex M/F	Religion	Name of Church, City & State And Date Baptized	First Penance	First Communion	Confirmation	Name of School	Grade

Comments:

Name (Continued)	Name (Continued)	Name (Continued)
Occupation: _____	Occupation: _____	Occupation: _____
Title: _____	Title: _____	Title: _____
Emergency Contact Name _____	Emergency Contact Name _____	Emergency Contact Name _____
Telephone # _____	Telephone # _____	Telephone # _____
Relationship to you: _____	Relationship to you: _____	Relationship to you: _____
Education:	Education:	Education:
Talents:	Talents:	Talents:
Are you Interested?	Are you Interested?	Are you Interested?
<ul style="list-style-type: none"> • Pastoral Committee _____ • Finance Committee _____ • Eucharistic Minister _____ • Lector _____ • Greeter _____ • Altar Server _____ 	<ul style="list-style-type: none"> • Pastoral Committee _____ • Finance Committee _____ • Eucharistic Minister _____ • Lector _____ • Greeter _____ • Altar Server _____ 	<ul style="list-style-type: none"> • Pastoral Committee _____ • Finance Committee _____ • Eucharistic Minister _____ • Lector _____ • Greeter _____ • Altar Server _____
Second Address: _____ _____	Second Address: _____ _____	Second Address: _____ _____
<ul style="list-style-type: none"> • From: _____ • To: _____ 	<ul style="list-style-type: none"> • From: _____ • To: _____ 	<ul style="list-style-type: none"> • From: _____ • To: _____