

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 _____