

**ST. CHRISTOPHER CATHOLIC CHURCH, HOBE SOUND, FL**

CENSUS INFORMATION IS STRICTLY CONFIDENTIAL

**PARISH REGISTRATION**

Family Surname: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ New Registration \_\_\_ Updated Registration

\_\_\_ Full Time Resident \_\_\_ Seasonal Resident

Send Offertory Envelopes: \_\_\_Yes \_\_\_No

Would you be interested in online giving when available:

\_\_\_Yes \_\_\_No

**Local Residence**

Address: \_\_\_\_\_

\_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Northern Residence (if applicable)**

Address: \_\_\_\_\_

\_\_\_\_\_

City, State Zip: \_\_\_\_\_

Send mail to northern address: \_\_\_Yes \_\_\_No

**Seasonal residents, please circle months you are local:**

Jan Feb Mar Apr May Jun

Jul Aug Sep Oct Nov Dec

**FAMILY MEMBER INFORMATION**

**Head of Household** First, Middle, Last Name \_\_\_\_\_ Mr. / Mrs. / Miss

Sex \_\_\_ Date of Birth \_\_\_\_\_ Marital Status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

Religion: \_\_\_\_\_ Sacraments Received: Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

Occupation / Former Occupation \_\_\_\_\_ If woman, Maiden Name: \_\_\_\_\_

**Spouse** First, Middle, Last Name \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Sex \_\_\_ Date of Birth \_\_\_\_\_ Occupation / Former Occupation \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments Received: Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Child Living In Your Home** First, Middle, Last Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Catholic: \_\_\_ Sacraments Received: Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Child Living In Your Home** First, Middle, Last Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Catholic: \_\_\_ Sacraments Received: Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Child Living In Your Home** First, Middle, Last Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Catholic: \_\_\_ Sacraments Received: Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Please have other adults living in your home complete their own registration.**

Office use only: Entered by: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Env. Mailed by: \_\_\_\_\_ Date Mailed: \_\_\_\_\_