

ST. CHRISTOPHER CATHOLIC CHURCH PARISH REGISTRATION

CENSUS INFORMATION IS STRICTLY CONFIDENTIAL

Family Surname: _____

Registration Date: _____

Seasonal residents, please circle months you are local:

New Registration Updated Registration

Jan Feb Mar Apr May Jun

Full Time Resident Seasonal Resident

Jul Aug Sep Oct Nov Dec

Send Offertory Envelopes: Yes No

Local Residence

Address: _____

City, State Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Northern Residence *(if applicable)*

Address: _____

City, State Zip: _____

Send mail to northern address: yes no

Office use only:

Entered by: _____ Date Entered: _____

Side One, Please Turn Over

FAMILY 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.

Side Two, Please Turn Over