

ST. JAMES OF THEMARCHES R.C. CHURCH PARISHIONER REGISTRATION/CENSUS FORM

Office Use Only:

Date _____

Envelope # _____

Please Print

Last Name _____

Today's Date _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Email _____

Cell #1 _____ Work #1 _____

Cell #2 _____ Work #2 _____

() I / We are interested in the Online Giving Program through a bank account or credit card. Visit our parish website at www.stjamesofthemarches.com and select Online Giving.

ADULT INFORMATION								
First	Last	Year of Birth	Catholic	Date if 1 st Communion	Date of Confirmation	Married In a Catholic Church	Profession	Level of Education Completed
1)								
2)								
CHILDREN'S INFORMATION								
First	Last	Year of Birth	Catholic	Church of Baptism	1 st Communion	Confirmation	Grade in School	Religious Education

OTHERS LIVING AT HOME:	