

# Holy Angels Church

21340 Colton Point Road  
Avenue, Maryland 20609-2422  
Phone: (301) 769-3332 Fax: (301) 769-2541  
Email: holy01angels@aol.com

## REGISTRATION AND CENSUS

Date form completed: \_\_\_\_\_

**FAMILY LAST NAME:** \_\_\_\_\_

**Catholic Head of Household:**

Title	First Name	Initial	Last Name	Jr/Sr/etc
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Mailing Address	City	State	Zip Code
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Street address if different from mailing address	Language spoken at home other than English
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Primary phone	Other Phone	E-mail Address
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Publish home address: Yes No      Publish phone numbers: Yes No      Publish e-mail address: Yes No

Do you or any household member have any ministries, special talents or interests that you would like to be involved in or contribute to the parish? e.g. Eucharistic Minister, lector, usher, rectory or school office help, computers, finances or other. (Please specify) \_\_\_\_\_

Do you or any household member have any special skills that you would like to contribute to the parish? e.g. carpentry, woodworking, decorating, sewing, etc. (Please specify) \_\_\_\_\_

New Registration – If new registration, how would you like to contribute to the parish: (Check one)

Offeritory Envelopes

Faith Direct

Update/Correction – Current Envelope number: \_\_\_\_\_ Contributing through Faith Direct : \_\_\_\_\_

**Please remember to contact the office with any changes to keep your registration/census form updated. Thank you.**

For Office Use Only

Envelope Number Assigned \_\_\_\_\_

Date Entered into computer \_\_\_\_\_

**INSTRUCTIONS:** Please include only family members, or unrelated person living in your household under the same mailing address.  
 Include students, military personnel or others living away from home temporarily.

<u><b>LAST NAME</b></u>  List only those living with you (Include last name, if different)	Sex  M/F	Date of Birth  MM/DD/YY	Race or Origin * <i>Optional</i>	Marital Status **	Catholic (If other, please specify)  Yes/No	Is marriage recognized by the Catholic Church?  Yes/No	Baptized  Yes/No	Confirmed  Yes/No	Occupation/ Name of School (If full time student)
<b>Self:</b>									
<b>Spouse:</b>									

**Children, beginning with the oldest:**


**Other related persons living at home/relationship:**

Name:									
Relationship:									
Name:									
Relationship:									
Name:									
Relationship:									

**\*Key for Race or Origin:**

W – White, not of Hispanic origin    B – Black or African American    H – Hispanic or Latino  
 A – Asian    Other(s) – Please Specify

*Information voluntarily provided about race and/or origin is used to plan for and better serve the pastoral needs of the Archdiocese.*

**\*\*Key for Marital Status:**

N- Never married  
 M – Now married  
 D – Divorced  
 S – Separated  
 W - Widowed