



Saint Thomas of Aquin Parish

Ogdensburg, New Jersey . 07439

PARISH CENSUS FORM

(Please PRINT clearly)

Family LAST Name _____

Street Address _____ Apt # _____

City _____ Zip _____

Mailing Address (if different) _____

Date Registered: _____

Would you like Weekly Offertory Envelopes? Yes ___ No ___

Online Giving (Parish Giving) Yes ___ No ___

Phone (Primary) _____ (Mobile) _____

E-Mail _____

HOUSEHOLD MEMBERS (Please list all members living in your household & dates sacraments were received wherever possible)

Head(s) of Household		Status (Circle one) - Single - Married - Not Married by a Priest - Widowed - Divorced - Separated	Sex M/F	Date of Birth MM/DD/YY	Religion	Baptism (Yes or No)	First Communion (Yes or No)	Confirmation (Yes or No)	Occupation
First Name	Middle Initial								

Dependent Children Living at Home:

First Name	Middle Initial	Last (If different)	Sex M/F	Date of Birth MM/DD/YY	Religion	Baptism (Yes or No)	First Communion (Yes or No)	Confirmation (Yes or No)	School/Current Grade	Grades completed in Religious Education

PLEASE Check THE MINISTRY, COMMITTEE OR GROUP THAT YOU WOULD LIKE TO KNOW MORE ABOUT: Rosary Society ___ Holy Name Society ___
 Social Action Committee ___ Manna House ___ Parish Advisory Board ___ Finance Committee ___ Cemetery Committee ___ Buildings & Grounds ___
 Religious Education/Confirmation Program ___ Parish Ministries (Minister of Communion, Minister of the Word, Altar Server, Usher) ___
 Would you like a subscription to the Paterson Diocesan Newspaper "The Beacon?" Yes ___ No ___