

Saint William 2020 Census and Registration

Date: ____/____/____

Your current status: Yes, we are parishioners New member No longer parishioners

Family Last Name: _____ Home Phone: (_____) _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Previous Parish/City/State (if applicable) : _____

Current contribution status: Envelopes [# _____] ACH Electronic Contribution Online Giving Other

Household type: Single Family Single Adult Single Parent Widow/Widower Blended Family

Extended Family (other adults living in same household, adult children, elderly relatives/parents, relatives)

Please list any St. William Alumni Name/s and Year/s: _____

Mass attending for Sunday Obligation: Saturday 3 PM Sunday 11 AM Sunday 1 PM

How often do you attend Mass: Weekly Bi-Monthly 2 Times Year Monthly Prefer Not to Answer

Does anyone in the family have a disability? Yes No

Name/s /Disability: _____

Language(s) Spoken in the Home: _____

Do you have any children aged 5-14: Yes No

If yes, are they registered for the Regional Parish School of Religion (PSR): Yes No

Would you like information on registering at St. William School: Yes No

Head of Household

Prefix: _____ First: _____ Middle: _____ Last: _____

Goes by: _____ Maiden Name: _____

Gender: M F Birthdate: ____/____/____

Mobile Phone: (_____) _____ - _____

Email: Home Work _____

Best way(s) to reach you: Home Mobile Email Text to Mobile

Occupation: (If retired, prior primary occupation)

Employer: _____

Baptized: Yes No As a Catholic? Yes No

Church of Baptism: _____ City: _____ St: _____

Mothers Maiden Name (to track sacraments): _____

Confirmation Date: _____ Church: _____ City: _____ St: _____

Rite of Christian Initiation of Adults (RCIA) participant? Yes No Date: _____ Church: _____

Current Religion (if not Catholic): _____ Yes, I am interested in becoming Catholic

Marital Status: Single Married Divorced Widow/Widower Separated

Date of Marriage: ____/____/____ Church Marriage Civil

Church of Marriage: _____ City/St: _____

Spouse or Second Adult in Home

Prefix: _____ First: _____ Middle: _____ Last: _____

Goes by: _____ Maiden Name: _____

Gender: M F Birthdate: ____/____/____

Mobile Phone: (____) _____ - _____

Email: Home Work _____

Best way(s) to reach you: Home Mobile Email Text to Mobile

Occupation: (If retired, prior primary occupation) _____

Employer: _____

Baptized: Yes No As a Catholic? Yes No

Church of Baptism: _____ City: _____ St: _____

Mothers Maiden Name (to track sacraments): _____

Confirmation Date: _____ Church: _____ City: _____ St: _____

Rite of Christian Initiation of Adults (RCIA) participant? Yes No Date: _____ Church: _____

Current Religion (if not Catholic): _____ Yes, I am interested in becoming Catholic

Marital Status: Single Married Divorced Widow/Widower Separated

Date of Marriage: ____/____/____ Church Marriage Civil

Church of Marriage: _____ City/St: _____

Children over the age of 25 (or over age 25 and in a separate residence) should register with the parish on their own. This is essential for our ability to assist them with their sacramental needs or if they are asked to be a godparent, or sacramental sponsor. Other household members over the age of 25 should also register separately. Please include another sheet if you have additional children to add.

Child 1

First: _____ Middle: _____ Last: _____

Gender: M F Birthdate: ____/____/____ School: _____ Grade: _____

Baptized: Yes No As a Catholic? Yes No Church: _____

First Communion: Yes No Church/Location: _____

Confirmation: Yes No Church/Location: _____

Child 2

First: _____ Middle: _____ Last: _____

Gender: M F Birthdate: ____/____/____ School: _____ Grade: _____

Baptized: Yes No As a Catholic? Yes No Church: _____

First Communion: Yes No Church/Location: _____

Confirmation: Yes No Church/Location: _____

Child 3

First: _____ Middle: _____ Last: _____

Gender: M F Birthdate: ____/____/____ School: _____ Grade: _____

Baptized: Yes No As a Catholic? Yes No Church: _____

First Communion: Yes No Church/Location: _____

Confirmation: Yes No Church/Location: _____

Child 4

First: _____ Middle: _____ Last: _____

Gender: M F Birthdate: ____/____/____ School: _____ Grade: _____

Baptized: Yes No As a Catholic? Yes No Church: _____

First Communion: Yes No Church/Location: _____

Confirmation: Yes No Church/Location: _____

Parish Directory Authorization - May we publish:

Home Phone Number? Yes No Mobile Phone Number? Yes No
Address? Yes No Email? Yes No
Add to list to receive *EMAIL* messages from parish? Yes No Add to list to receive *TEXT* messages from parish ? Yes No

Volunteer Opportunities *[please provide name/s of those who already participate or who wish to]*

Parish Outreach

Adult Choir Joined Wish to Join

Name/s _____

Altar Server Adult/Youth Joined Wish to Join

Name/s _____

Athletic Association Joined Wish to Join

Name/s _____

Bereavement Joined Wish to Join

Name/s _____

Education Commission * Joined Wish to Join

Name/s _____

Extraordinary Minister Joined Wish to Join

Name/s _____

Finance + Joined Wish to Join

Name/s _____

Gardens & Grounds Joined Wish to Join

Name/s _____

Hispanic Ministry Joined Wish to Join

Name/s _____

Hospital/Homebound Visits Joined Wish to Join

Name/s _____

Knights of Columbus Joined Wish to Join

Name/s _____

Lector Joined Wish to Join

Name/s _____

Marriage Prep / FOCCUS Joined Wish to Join

Name/s _____

Martha's & Matthew's Joined Wish to Join

Name/s _____

Men's Prayer Group Joined Wish to Join

Name/s _____

Pastoral Council * Joined Wish to Join

Name/s _____

PSR Instructor/Catechist Joined Wish to Join

Name/s _____

RCIA Sponsor Joined Wish to Join

Name/s _____

RCIA Volunteer Joined Wish to Join

Name/s _____

Respect Life Committee Joined Wish to Join

Name/s _____

Sacristan/Wedding Facilitator Joined Wish to Join

Name/s _____

St. Vincent de Paul Society Joined Wish to Join

Name/s _____

Usher/Greeter Joined Wish to Join

Name/s _____

Worship Commission Joined Wish to Join

Name/s _____

Young Adult Choir Joined Wish to Join

Name/s _____

Technology & Communications

Bulletin Inserts Assistant Joined Wish to Join

Name/s _____

Photography Joined Wish to Join

Name/s _____

Activities & Fundraising

Advent Lunch-PTO Sponsored Joined Wish to Join

Name/s _____

Fish Fry Joined Wish to Join

Name/s _____

Parish Picnic Committee Joined Wish to Join

Name/s _____

Parish Picnic Volunteer Joined Wish to Join

Name/s _____

School Volunteer ** Joined Wish to Join

Name/s _____

Summer Festival Joined Wish to Join

Name/s _____

Other

*Elected
**Virtus Required
+Appointed

Thank you for taking the time to provide this information, it is kept confidential and for office use only.

**Please return these forms to the parish office via mail or email, or place into the collection box at church.
St. William Parish, 4125 St. Williams Avenue, Cincinnati, OH 45205
513-921-0247 ✠ info@saintwilliam.com**