

ST. ELIZABETH CATHOLIC CHURCH
PARISH CENSUS and REGISTRATION FORM
PLEASE PRINT CLEARLY

Family Name _____ Today's Date _____
(Last Name Only)

Parish Envelope # _____ Would you contribute by EFT (Electronic Funds Transfer)? Yes No
(For Office Use)

Principal Residence _____
Number & Street Apt. No P.O. Box City State Zip

Home Phone () _____ E-mail _____

May we include your name in the Parish Directory? Yes No

Secondary (Vacation) Address (if any) _____

Previous Parish _____

Language(s) Spoken at Home _____

To whom should mail be directed? _____

HEAD OF HOUSEHOLD

Name _____
Prefix First Name MI Last Name

Gender _____ Birth Date _____ Cell Phone _____

Marital Status: Single Married Widowed Separated Divorced

Ethnic Origin: African-American Asian Caucasian

Hawaiian/Pacific Islander Latino: _____
Specify country of origin

Native American Other _____

Do you have any special needs? _____

Religion: _____

Sacraments received: Baptism: Yes No (Church and Year) _____

Eucharist: Yes No Confirmation: Yes No

Marriage: Yes No

Where _____ (Date) _____

If not in a catholic church, was it with permission of the bishop? Yes No

Education completed _____ years College Degree(s) _____ Major _____

Occupation _____ Retired: Yes No

SPOUSE (If necessary)

Name _____
Prefix First Name MI Last Name

Gender ____ Birth Date _____ Cell Phone _____

Marital Status: Single Married Widowed Separated Divorced

Ethnic Origin: African-American Asian Caucasian
 Hawaiian/Pacific Islander Latino: _____
Specify country of origin

Native American Other _____

Do you have any special needs? _____

Religion: _____

Sacraments received: Baptism: Yes No (Church and Year) _____

Eucharist: Yes No Confirmation: Yes No

Marriage: Yes No

Where _____

If not in a catholic church, was it with permission of the bishop? Yes No

Education completed _____ years College Degree(s) _____ Major _____

Occupation _____ Retired: Yes No

HOUSEHOLD MEMBERS (use this format for EVERY member in the household)

Name _____
Prefix First Name MI Last Name

Gender ____ Birth Date _____ Cell Phone _____

Marital Status: Single Married Widowed Separated Divorced

Ethnic Origin: African-American Asian Caucasian
 Hawaiian/Pacific Islander Latino: _____
Specify country of origin

Native American Other _____

Relation to Head of Household _____

Do you have any special needs? _____

Religion: _____

Sacraments received: Baptism: Yes No (Church and Year) _____

Eucharist: Yes No Confirmation: Yes No

Marriage: Yes No

HOUSEHOLD MEMBERS cont.

Where _____

If not in a catholic church, was it with permission of the bishop? Yes No

Education _____

ADDITIONAL FORMS FOR HOUSEHOLD MEMBERS

Name _____

Prefix *First Name* *MI* *Last Name*
Gender _____ Birth Date _____ Cell Phone _____

Marital Status: Single Married Widowed Separated Divorced

Ethnic Origin: African-American Asian Caucasian

Hawaiian/Pacific Islander Latino: _____
Specify country of origin

Native American Other _____

Do you have any special needs? _____

Religion: _____

Sacraments received: Baptism: Yes No (Church and Year) _____

Eucharist: Yes No Confirmation: Yes No

Marriage: Yes No

Where _____ Date _____

If not in a catholic church, was it with permission of the bishop? Yes No

Education _____

Name _____

Prefix *First Name* *MI* *Last Name*
Gender _____ Birth Date _____ Cell Phone _____

Marital Status: Single Married Widowed Separated Divorced

Ethnic Origin: African-American Asian Caucasian

Hawaiian/Pacific Islander Latino: _____
Specify country of origin

Native American Other _____

Do you have any special needs? _____

Religion: _____

Sacraments received: Baptism: Yes No (Church and Year) _____

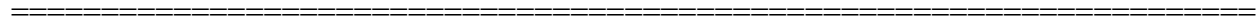
Eucharist: Yes No Confirmation: Yes No

Marriage: Yes No

Where _____

If not in a catholic church, was it with permission of the bishop? Yes No

Education _____



Please indicate below future areas of interest for ministry:

___ Eucharistic Minister

___ Babysitter

___ Greeter

___ Youth Group Participation

___ Lector

___ Clerical tasks

___ Catechist

___ Altar Server

___ Substitute Catechist

___ Adult Education

___ Catechist Assistant

___ Committee Membership (i.e. Finance, Parish Council, Education, Fund-raising, etc.)

___ Choir

___ Altar Society (Council of Catholic Women)

Other: _____

___ Knights of Columbus
