

Immaculate Conception Old Monroe PARISH

110 Maryknoll Road, Old Monroe MO, 63369 | P: (636)661-5002 | F: (636)665-5307 | E: parish@icomparish.org

Parish Census Form IMPORTANT

The information you provide here will be for church use only.
Please be as complete as possible.

OFFICE USE

Date: _____
Env #: _____

FAMILY INFORMATION

Member Status: New Current Home (or Main) Phone: _____

Family Last Name: _____ * List phone in Parish Directory? Yes No

Address: _____ Main Email address: _____

City/ST/Zip _____ * List Email in Parish Directory? Yes No

Children live with: Father & Mother Father Alone Mother Alone Father & Spouse Mother & Spouse Other

Marital Status: Married Single Engaged Widowed Separated Divorced

Head of Household.	Complete for BOTH	Spouse
	First Name	
	Middle Name	
	Last Name	
	Maiden Name (female only)	
	Gender (Male/Female)	
	Date of Birth	
	Occupation/Experience	
	Cell Phone	
	Alt Work Phone	
	Email Address	
	Religion	
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____	Baptized (if yes - date/church)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed (yes/no)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Marriage:		Sacramental Marriage: (married w/priest or deacon) <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you want to receive the STL Review? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use our online contribution tool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if you would like more info		

Children (residing in household under the age of 21)Check column if: **B**-Baptized, **FC**-First Communion, **C**-Confirmed

First Name	Middle	Last Name	Birthdate	Gender (M/F)	B	FC	C	Name of School / Grade

Resident Adult Children (children residing in household over the age of 21)

Independent children living at home are encouraged to register separately from their families and to commit themselves to the support of our parish community through the gift of their time talent and treasure.

First Name	Middle	Last Name	Birthdate	Gender (M/F)	B	FC	C	Occupation/College

Other Resident Adults (adults residing in household over the age of 21)

First Name	Middle	Last Name	Birthdate	Gender (M/F)	B	FC	C	Relationship to Head of household

How can we be of service to you?

Our parish's greatest concern is for the spiritual welfare of your family. If there are any particular ways in which we might support you in your spiritual life or if someone in your family has a particular need we should be aware of in order to better serve you (need such as a disability or confinement to home due to illness), please simply describe below or let us know anytime.

Thank you for taking the time to let us know more about you and to update our current records.

Please return to the Parish Office, drop in the collection basket during Mass, or mail it to:

**Immaculate Conception Church
110 Maryknoll Road
Old Monroe, MO 63369**