

ST. FRANCIS OF ASSISI CATHOLIC COMMUNITY CENSUS FORM

Please complete this form in its entirety. Information is requested for ALL members who live in the household at the address shown. Please complete all boxes that apply to each member. This form may be returned to the parish office or in the collection basket at any weekend Mass. A SPECIAL NOTE: If there is a child over the age of eighteen who is living with you, he or she is encouraged to complete a census form of their own.

Please Print All Information DATE _____

Office use only: ID/Env _____ PDS _____ OSV _____ FN _____ Letter _____ Welcome _____

Head of Household Information:

Last Name: _____ First: _____ Maiden: _____

Address: _____ Occupation/Employer: _____

City, State, Zip: _____

E-mail Address: _____ Marital Status: Single Married

Phone (H): _____ Unlisted Cell: _____

Religion: Catholic Other _____ Date of Birth: _____ Date of Marriage: _____

Dates of each: Baptism: _____ 1st Comm _____ Confirm _____

If married, were you married according to the rites of the Catholic Church? Yes No

Gender: Male Female

Please indicate language/s spoken: _____ 1st Language _____ 2nd Language _____

Ethnicity: African American, Caucasian, Hispanic, Vietnamese, other: _____

Is there anyone in this household who is disabled or homebound? _____

Ministries presently involved: _____

Ministries you are interested in joining: _____

Spouse: _____ Maiden: _____

Occupation/Employer: _____ Email: _____

Date of Birth: _____ Maiden Name: _____

Cell: _____

Religion Catholic Other _____

Dates of each: Baptism: _____ 1st Comm: _____ Confirm: _____

Gender: Male Female

Please indicate language/s spoken: _____ 1st Language _____ 2nd Language _____

Ethnicity: African American, Caucasian, Hispanic, Vietnamese, other: _____

Ministries presently involved: _____

Ministries you are interested in joining: _____

Children:

Sacraments-yes or no

Name	M	F	Birth	Baptism	1st Comm	Confirm	School	Grade	Language
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1.

2.

3.

4.

Have your children participated in Religious Ed in your previous parish? _____

Is your child involved in any ministries? _____

Ministries your child would like to join: (Altar server) _____

FORMULARIO DE CENSO- IGLESIA SAN FRANCISCO DE ASIS

Favor de cumplir este formulario. Nos gustaría información para CADA feligres que vive a la dirección indicada. Favor de llenar los espacios que apertenezen a cada miembro. UNA NOTA ESPECIAL: Si tiene un hijo o hija que tiene que ha cumplido 18 años de edad viviendo en casa (o asistiendo al colegio afuera) debe ser inlf there is a child over the age of eighteen who is going to school (either locally or out of town), they should be listed as members of this household. If they live out of town, please include their address so they can receive mailings such as the newsletter or notices of upcoming events. If there is a child or adult over eighteen years of age who is living at home, but working fulltime, they should register with the parish separately by returning their own form. This form may be returned to the parish office or in the collection basket at any weekend Mass.

Please Print All Information

DATE

Miembros

Familia (Apellido): _____ Nombre: _____ (Apellido de Soltera) _____

Dirección: _____ Tipo o Lugar de Trabajo: _____

Dirección (si no igual de arriba): _____

E-mail (Correo Electronico): _____ (uno/familia)

Numero de Telefono: _____ No Publicado Estado Civil: Soltero/a Casado/a

Fecha de Nacimiento: _____ Religion: Catolico/a Otra

Fechas de: Bautismo: _____ 1ra Comunión: _____ Confirmación: _____

Si casado/a, fue casado/a por los ritos de la Iglesia Católica? Si No

Favor de indicar su sexo e origen itnica o nacional: Hombre Mujer

Caucasiano/a Africano/a Americano/a Hispano/a Asiático/a Indio/a Otra _____

Lenguas hablados en casa: _____ Primera _____ Segunda

Hay alguien en casa inhailitado/a? _____

Origen étnico: afroamericanos, caucásicos, hispanos, vietnamitas, otros: _____

Ministros/Organizaciones en que esta ya involucrado/a: _____

Ministros/Organizaciones que le interesen: _____

Nombre de **Esposo/a**: _____ Tipo o Lugar de Trabajo: _____

Fecha de Nacimiento: _____ [Apellido de Soltera] _____

Religion: Catolico/a Otra

Fechas de: Bautismo: _____ 1ra Comunión: _____ Confirmación: _____

Favor de indicar su sexo e origen itnica o nacional: Hombre Mujer

Caucasiano/a Africano/a Americano/a Hispano/a Asiático/a Indio/a Otra _____

Lenguas hablados en casa: _____ Primera _____ Segunda

Origen étnico: afroamericanos, caucásicos, hispanos, vietnamitas, otros: _____

Ministros/Organizaciones en que esta ya involucrado/a: _____

Ministros/Organizaciones que le interesen: _____

Ninos:

Fechas Importantes

Nombre	M	F	Nacio	Bautismo	Comunion	Confirm	Escuela	Grado	Idioma
1.									
2.									
3.									
4.									
5.									
6.									

Si necesita mas espacio, favor de escribir al reverso sobre "Children"

Actividades que interesan sus ninios y jovenes: _____