

PART 2

	YOU		SPOUSE		ADULT /CHILD		CHILD		CHILD		CHILD		CHILD		CHILD
FIRST NAME															
LAST NAME (IF DIFFERENT)															
MAIDEN NAME															
MARITAL STATUS															
HANDICAP															
RELIGION															
LANGUAGE															
OCCUPATION															
EMPLOYER															
SCHOOL ATTENDED OR ATTENDING															
HIGHEST DEGREE EARNED OR PRESENT GRADE															
SEX	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
AGE & BIRTH DATE (MM/DD/YR)	AGE	DATE	AGE	DATE	AGE	DATE	AGE	DATE	AGE	DATE	AGE	DATE	AGE	DATE	AGE
BAPTIZED (MM/DD/YR)	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES
PENANCE (MM/DD/YR)	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES
FIRST COMMUNION (MM/DD/YR)	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES
CONFIRMATION (MM/DD/YR)	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES
MARRIED (MM/DD/YR)	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES
PRESENTLY RECEIVING RELIGIOUS EDUCATION)	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES	DATE	YES
MINISTRIES															
MINISTRIES															
MINISTRIES															

OUR LADY OF GOOD COUNSEL CHURCH
PARISH REGISTRATION & CENSUS FORM

LAST NAME

DATE

PART 1

STREET ADDRESS

CITY, STATE, ZIP CODE

HOME PHONE NUMBER

YOUR INFORMATION

TITLE ☐ MR ☐ MRS ☐ MS

☐ MISS ☐ DR

FIRST NAME

MIDDLE INITIAL

HOME PHONE (IF DIFFERENT)

WORK PHONE NUMBER

MAILING ADDRESS (IF DIFFERENT)

CELL PHONE

EMAIL ADDRESS

SPOUSE INFORMATION

TITLE ☐ MR ☐ MRS ☐ MS ☐ DR

LAST NAME (IF DIFFERENT)

FIRST NAME

HOME PHONE (IF DIFFERENT)

WORK PHONE NUMBER

MAILING ADDRESS (IF DIFFERENT)

CELL PHONE

EMAIL ADDRESS

EMERGENCY CONTACT

LAST NAME

FIRST NAME

RELATIONSHIP

PHONE NUMBER

ENVELOPE NUMBER ☐ IF YOU ARE NOT RECEIVING ENVELOPES NOW, WOULD YOU LIKE TO RECEIVE THEM?

☐ YES ☐ NO

PLEASE LIST ANY TALENTS AND SKILLS

IF YOU WERE MARRIED OUTSIDE THE CHURCH, WOULD YOU LIKE TO HAVE YOUR MARTIAL STATUS REVIEWED?

☐ YES ☐ NO

IF THERE IS A PERSON WHO IS NOT CATHOLIC IN YOUR HOUSEHOLD, WOULD HE/SHE LIKE TO LEARN MORE ABOUT THE CATHOLIC CHURCH?

☐ YES ☐ NO

WOULD YOU OR ANYONE IN YOUR HOUSEHOLD LIKE ADDITIONAL INFORMATION ABOUT PARISH MINISTRIES OR VOLUNTEER PROGRAMS?

☐ YES ☐ NO

PLEASE INDICATE ANY SPECIAL NEEDS OF ANYONE IN YOUR FAMILY

IS THERE ANYONE IN YOUR HOUSEHOLD WHO CANNOT SPEAK ENGLISH?

☐ YES ☐ NO