

CHURCH OF THE ASSUMPTION - CHAPEL OF SAINT PAUL

Dear Friends,

IF YOU WOULD LIKE TO REGISTER FOR THE PARISH, PLEASE PRINT AND COMPLETE THE FORM BELOW AND RETURN IT TO THE RECTORY. THANK YOU!

PARISH CENSUS FORM

FAMILY DATA (PLEASE PRINT)

FAMILY NAME: _____

ADDRESS: _____ APT #: _____

_____ ZIP: _____

HOME PHONE #: _____ (CHECK HERE IF UNLISTED:)

E-MAIL ADDRESS: _____

WHEN MAIL COMES TO YOUR RESIDENCE, HOW SHOULD IT BE ADDRESSED?

Mr. and Mrs. Mr. Mrs. Miss Ms.

Other: _____ (PLEASE SPECIFY)

DATE: _____

HEAD OF HOUSEHOLD (PLEASE PRINT)

LAST NAME: _____ MAIDEN NAME: _____ (IF APPLICABLE)

FIRST NAME: _____ MIDDLE INITIAL: _____

GENDER: _____ DATE OF BIRTH (M/D/Y): _____

RELIGION: _____ CELL PHONE: _____

LANGUAGES SPOKEN: _____

MARITAL STATUS: SINGLE SEPARATED DIVORCED WIDOWED

MARRIED DATE: _____

CHURCH OF WEDDING: _____

OR PLACE OF CIVIL CEREMONY: _____

SPECIAL NEEDS: PHYSICALLY CHALLENGED DEVELOPMENTALLY DISABLED SHUT-IN

OTHER: _____ (PLEASE SPECIFY)

OCCUPATION: _____

IF ROMAN CATHOLIC, WHAT SACRAMENTS HAVE YOU RECEIVED?

BAPTISM _____ (CHURCH NAME AND PLACE)

COMMUNION _____ (CHURCH NAME AND PLACE)

CONFIRMATION _____ (CHURCH NAME AND PLACE)

TALENTS/EXPERTISE YOU ARE WILLING TO SHARE WITH ASSUMPTION-SAINT PAUL:
