

ST. IGNATIUS

Account No: _____

Date _____



Parish Census Questionnaire

ALL INFORMATION ON THIS FORM WILL BE KEPT
CONFIDENTIAL

HOUSEHOLD INFORMATION

Please Print

Title (Mr. & Mrs./Ms)

Last Name

First Name

Initial

Suffix (Sr, Jr, III)

Address

City

State

Zip

Home Phone (check here ___ if unlisted)

Email Address

Please indicate if you wish to receive offertory envelopes:

Yes No

What was the previous parish you/your family attended? _____

Were you registered at that parish? Yes No

.....

Remarks:

Household Member Registration:

Head of Household

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called: _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:

- Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?

- Yes No

Ethnic:

- White Hispanic
 African-American Asian
 Other _____

Religion:

- Catholic None
 Other _____

Phone Numbers:

Work _____

Cellular _____

Email Address: _____

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?

- Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No

How often does this person attend Mass?

- Weekly Monthly
 Rarely Does not attend

Special Circumstances: _____

Member 2

Title _____ Last Name _____ Suffix _____

First Name _____ Middle / Maiden _____

Name you prefer to be called: _____

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:

- Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?

- Yes No

Ethnic:

- White Hispanic
 African-American Asian
 Other _____

Religion:

- Catholic None
 Other _____

Phone Numbers:

Work _____

Cellular _____

Email Address: _____

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?

- Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No

How often does this person attend Mass?

- Weekly Monthly
 Rarely Does not attend

Special Circumstances: _____

Member 3

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called: _____

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:

- Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?

- Yes No

Ethnic:

- White Hispanic
 African-American Asian
 Other _____

Religion:

- Catholic None
 Other _____

Phone Numbers:

Work _____

Cellular _____

Email Address: _____

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?

- Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No

How often does this person attend Mass?

- Weekly Monthly
 Rarely Does not attend

Special Circumstances: _____

Household Member Registration:

Member 4

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called:

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:

Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?

Yes No

Ethnic:

White Hispanic
 African-American Asian
 Other _____

Religion:

Catholic None
 Other _____

Phone Numbers:

Work _____

Cellular _____

Email Address:

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?

Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No

How often does this person attend Mass?

Weekly Monthly
 Rarely Does not attend

Special Circumstances:

Member 5

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called:

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:

Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?

Yes No

Ethnic:

White Hispanic
 African-American Asian
 Other _____

Religion:

Catholic None
 Other _____

Phone Numbers:

Work _____

Cellular _____

Email Address:

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?

Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No

How often does this person attend Mass?

Weekly Monthly
 Rarely Does not attend

Special Circumstances:

Member 6

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called:

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:

Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?

Yes No

Ethnic:

White Hispanic
 African-American Asian
 Other _____

Religion:

Catholic None
 Other _____

Phone Numbers:

Work _____

Cellular _____

Email Address:

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?

Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No

How often does this person attend Mass?

Weekly Monthly
 Rarely Does not attend

Special Circumstances:

Household Member Registration:

Member 7

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called:

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:
 Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?
 Yes No

Ethnic:
 White Hispanic
 African-American Asian
 Other _____

Religion:
 Catholic None
 Other _____

Phone Numbers:
Work _____
Cellular _____

Email Address:

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?
Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No
How often does this person attend Mass?
 Weekly Monthly
 Rarely Does not attend

Special Circumstances:

Member 8

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called:

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:
 Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?
 Yes No

Ethnic:
 White Hispanic
 African-American Asian
 Other _____

Religion:
 Catholic None
 Other _____

Phone Numbers:
Work _____
Cellular _____

Email Address:

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?
Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No
How often does this person attend Mass?
 Weekly Monthly
 Rarely Does not attend

Special Circumstances:

Member 9

Title _____ Last Name _____ Suffix _____

First Name _____ Middle _____

Name you prefer to be called:

Relation: Spouse Son Daughter
 Other _____

Sex: Male Female

Date of Birth ____/____/____

Marital Status:
 Single Married
 Separated Divorced
 Widowed

Married in the Catholic Church?
 Yes No

Ethnic:
 White Hispanic
 African-American Asian
 Other _____

Religion:
 Catholic None
 Other _____

Phone Numbers:
Work _____
Cellular _____

Email Address:

Occupation: _____

Employer: _____

Has this person celebrated these sacraments?
Baptism Yes No
1st Communion Yes No
1st Penance Yes No
Confirmation Yes No
How often does this person attend Mass?
 Weekly Monthly
 Rarely Does not attend

Special Circumstances: