

ST JANE DE CHANTAL/ST MICHAEL THE ARCHANGEL MISSION FAMILY CENSUS FORM

PLEASE PRINT

DATE CENSUS FORM COMPLETED _____/_____/_____

Envelope # _____

Family Name _____ Telephone # _____ Zip Code _____ Home Owner ? Yes _____ No _____

Address _____ City _____ Marital Status – Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Wife's Maiden Name _____ Were you married by Catholic Priest or Deacon? _____ Date of Marriage _____ Where _____

Email Address: _____

	Date of Birth	Occupation	Denomination	Baptized	Communion	Confirmed	Attend Mass	Receive Communion	Years Education
Husband or Single Man:	_____	_____	_____	_____	_____	_____	_____	_____	_____

Wife or Single Woman: _____

Other Household Members: Family Members: (Please list everyone who lives in your household:

Relationship	Name	Date of Birth	Denomination	Baptized	Communion	Confirmed	Attend Mass	Receive Communion	School Grade
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Please list any household members who are shut-ins or disabled. _____ Check if homebound ministry is needed: _____

Please indicate names of individuals who would like to know more about the Catholic faith. _____

Please indicate if you have any objections to being contacted through the mail from Church Ministries? (eg. Knights of Columbus, Ladies Kaycees, Ladies Sodality) _____

VOLUNTEER SERVICES

Volunteers are always needed in different areas. Please indicate any that you may be interested in:

Cleaning Church _____	Eucharistic Ministry _____	PSR Teacher/Classroom Volunteer _____
Landscaping _____	Social Events _____	Bereavement Committee _____
Altar Society _____	Office work _____	Prayer Group _____
Usher _____	Stewardship _____	Choir/Cantor _____
Lector _____	Collection Counters _____	St Vincent de Paul _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SHEET.