

**ST. PHILIP CHURCH
CENSUS FORM**

FOR OFFICE USE ONLY	
Date _____	_____
ID # _____	Mapsco _____

1. Family Last Name _____
 2. Address _____
 3. City _____ Zip _____ Home Phone _____ () Listed () Unlisted
 Email: _____

4. Marital Status (*check one*) If Married,
 Married _____ Married by (*check one*):
 Single _____ Catholic Priest _____ Place _____ Date _____
 Divorced _____ Other Minister _____ Place _____ Date _____
 Widowed _____ Civil Official _____ Place _____ Date _____

5. **Husband or Single Male** _____ Date of Birth _____ Cell# _____

6. Religion _____ 7. Sacraments (*Circle Yes or No*)
 Baptism Yes No
 First Communion Yes No
 Confirmation Yes No

7. Occupation _____

8. Employer _____ Phone _____

9. Languages Spoken (*Other than English*) _____

10. Ethnic Origin (*Used by Diocese for Statistical Purposes Only*)
 Check one: Caucasian _____ Hispanic _____ African American _____ Asian _____ Other _____

11. Parish Organizations (*Check all those of interest*): I would like a representative of the group(s) checked below to contact me:

Knights of Columbus	_____	Women's Guild	_____
Nifty Fifties	_____	St. Vincent de Paul	_____
Pro-Life	_____	Brownies & Jr. Girl Scouts	_____

12. **Wife or Single Female** _____ Date of Birth _____ Cell# _____

Maiden Name _____

13. Religion _____ 7. Sacraments (*Circle Yes or No*)
 Baptism Yes No
 First Communion Yes No
 Confirmation Yes No

14. Occupation _____

15. Employer _____ Phone _____

16. Languages Spoken (*Other than English*) _____

17. Ethnic Origin (*Used by Diocese for Statistical Purposes Only*)
 Check one: Caucasian _____ Hispanic _____ African American _____ Asian _____ Other _____

18. Parish Organizations (*Check all those of interest*): I would like a representative of the group(s) checked below to contact me:

Knights of Columbus	_____	Women's Guild	_____
Nifty Fifties	_____	St. Vincent de Paul	_____
Pro-Life	_____	Brownies & Jr. Girl Scouts	_____

Email and Cell Phone Information for Parish Office Use ONLY

CHILDREN, UNDER THE AGE OF 21, LIVING AT HOME

Name _____
 First Initial *(Last name if different from Family Last Name)*
Date of Birth _____ Sex: Male () Female ()
Religion _____
Sacraments: *(circle yes or no)* Place (Church Name & City)
Baptism Yes No _____
First Communion Yes No _____
Confirmation Yes No _____

Name _____
 First Initial *(Last name if different from Family Last Name)*
Date of Birth _____ Sex: Male () Female ()
Religion _____
Sacraments: *(circle yes or no)* Place (Church Name & City)
Baptism Yes No _____
First Communion Yes No _____
Confirmation Yes No _____

Name _____
 First Initial *(Last name if different from Family Last Name)*
Date of Birth _____ Sex: Male () Female ()
Religion _____
Sacraments: *(circle yes or no)* Place (Church Name & City)
Baptism Yes No _____
First Communion Yes No _____
Confirmation Yes No _____

Name _____
 First Initial *(Last name if different from Family Last Name)*
Date of Birth _____ Sex: Male () Female ()
Religion _____
Sacraments: *(circle yes or no)* Place (Church Name & City)
Baptism Yes No _____
First Communion Yes No _____
Confirmation Yes No _____

Name _____
 First Initial *(Last name if different from Family Last Name)*
Date of Birth _____ Sex: Male () Female ()
Religion _____
Sacraments: *(circle yes or no)* Place (Church Name & City)
Baptism Yes No _____
First Communion Yes No _____
Confirmation Yes No _____