

ST. THÉRÈSE OF THE CHILD JESUS PARISH CENSUS REGISTRATION FORM

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different): _____

Telephone Number: _____ Circle one: Listed / Unlisted

Cell Phone Number: _____ Fax Number: _____

Email Address: _____

.....

Individual Name: _____

First

Middle

Last

Maiden Name: _____

Nickname or Preferred Name: _____

Gender (Circle one): Male Female

Marital Status (Circle one): Single Married Widowed Divorced Separated

Address (If not living at home): _____

Denomination / Religion: _____

Birthdate: _____ Birthplace (Town): _____

Student's School Name: _____ Grade: _____

Employer: _____

Job Title: _____ Job Telephone Number: _____

Job Description: _____

Fill in what you can, if you say "yes" to receiving the following sacraments:

Sacrament	Date / Church / City / State / Celebrant
Baptism (Yes or No)	
First Communion (Yes or No)	
Confirmation (Yes or No)	
Reconciliation (Yes or No)	
Anointing of the Sick (Yes or No)	
Marriage (Yes or No)	
Holy Orders (Yes or No)	