

ST. ANSELM'S PARISH CENSUS/REGISTRATION FORM

Information provided on this census form is for the internal use by St. Anselm's Catholic Church and will be held in the strictest confidence.

PLEASE PRINT CLEARLY ON BOTH SIDES - A CENSUS FORM SHOULD BE COMPLETED BY EACH HOUSEHOLD

ENVELOPE #: _____

FIRST NAME INITIAL LAST NAME MALE/FEMALE

HOUSE # APT. # NAME OF STREET

P. O. BOX # HOME PHONE # CELL # EMAIL ADDRESS

PLACE OF WORK WORK PHONE # DATE OF BIRTH (DD/MM/YY)

NATIONALITY OCCUPATION BAPTISED (PARISH AND DATE)

FIRST COMMUNION (PARISH AND DATE) CONFIRMATION (PARISH AND DATE) MARRIAGE (PARISH & DATE)

MASS ATTENDED: Weekdays 6:15am / Wednesdays 6:30pm / Sundays 9:00am

Are you and/or members of your family: ACTIVE & ABLE TO ATTEND MASS? YES / NO
(Please circle Yes or No) ON THE SICK & HOMEBOUND LIST? YES / NO

IN CASE OF EMERGENCY CONTACT: Name: _____ Phone #: _____

Your Parish Ministry Involvement: _____
(Name(s) of Ministry(ies) that you are currently a member of)

Special Talents/Hobbies: _____
(List any talents or hobbies that you have)

OTHER FAMILY MEMBERS IN HOUSEHOLD:

#1 Name & Relationship M/F D.O.B (dd/mm/yy) Place of work/ School Name

BAPTISED (PARISH & DATE) FIRST COMMUNION (PARISH & DATE) CONFIRMATION (PARISH & DATE)

OCCUPATION Special Talents/Hobbies

Current Parish Ministry Involvement: _____
(Name(s) of Parish Ministry(ies))

#2 Name & Relationship M/F D.O.B (dd/mm/yy) Place of work/ School Name

BAPTISED (PARISH & DATE) FIRST COMMUNION (PARISH & DATE) CONFIRMATION (PARISH & DATE)

OCCUPATION Special Talents/Hobbies

Current Parish Ministry Involvement: _____
(Name(s) of Parish Ministry(ies))

#3 Name & Relationship M/F D.O.B (dd/mm/yy) Place of work/ School Name

BAPTISED (PARISH & DATE) FIRST COMMUNION (PARISH & DATE) CONFIRMATION (PARISH & DATE)

OCCUPATION Special Talents/Hobbies

Current Parish Ministry Involvement: _____
(Name(s) of Parish Ministry(ies))

#4 Name & Relationship	M/F	D.O.B (dd/mm/yy)	Place of work/ School Name
BAPTISED (PARISH & DATE)	FIRST COMMUNION (PARISH & DATE)		CONFIRMATION (PARISH & DATE)

OCCUPATION	Special Talents/Hobbies
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Current Parish Ministry Involvement: _____
 (Name(s) of Parish Ministry(ies))

WOULD YOU OR ANY MEMBER(S) OF YOUR HOUSEHOLD LIKE TO ASSIST IN ANY OF THE MINISTRIES BELOW?

Name(s) of Person(s) who would like to assist

- Altar Servers _____
- Bereavement/Grief Ministry _____
- Brownies/Girl Guides _____
- Catholic Books & Resources Ministry _____
- CCD Program _____
- Children's Breakfast Program _____
- Children's Liturgy _____
- CIC Program _____
- Cub Scouts/Scouts _____
- Fundraising Committee _____
- Health & Wellness Ministry _____
- Hospitality Ministry _____
- Knights of Columbus _____
- Ladies Auxiliary/Guild _____
- Lectors _____
- Legion of Mary _____
- Liturgical Activities (floral arranging, etc.) _____
- Media Ministry _____
- Men's Group _____
- Men's Security _____
- Music – Senior/Junior Choirs _____
- RCIA Program _____
- St. Vincent de Paul Society _____
- Washing of Altar Linen _____
- Y.S.B. (Youth Ministry) _____

Signed: _____

Dated: _____