

# Catholic Neighbors In Faith - Roman Catholic - Confidential Census Form

Central Office: 27 Allen Street, Jamestown, NY 14701 | Ph. 716.487.0125

**(Check One :)** St. James \_\_\_\_\_ Sacred Heart \_\_\_\_\_ St. Patrick \_\_\_\_\_ Holy Apostles: Ss. Peter & Paul / St. John \_\_\_\_\_

<b>Last Name (His)</b>	<b>First Name</b>	<b>Religion</b>	<b>Birth Date</b>	<b>Occupation</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other	Were You Married by a Catholic Priest or Deacon? <input type="checkbox"/> Yes <input type="checkbox"/> No
✓ Please check if sacrament was received.	Baptism	First Communion	First Penance	Confirmation		If No, would you be interested in discussing this? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Last Name (Her)</b>	<b>First Name</b>	<b>Religion</b>	<b>Birth Date</b>	<b>Occupation</b>		Place & Date of Marriage
✓ Please check if sacrament was received.	Baptism	First Communion	First Penance	Confirmation		
Address			City		State	Zip
Phone (Home)	Phone (Work)		Phone (Cell)		E Mail Addresses	
	His		His		His	
	Her		Her		Her	

(Please use back of page for additional children)

**\*\* Please ✓check sacraments children have received**

Children - Full Name	Sex M/F	Birth Date	Grade & School Attending	Baptism	First Communion	First Penance	Confirmation
How long have you been attending this Church?	Do you wish to receive Church support envelopes?  _____ Yes _____ No		Do you wish to be involved in a parish ministry?  Interests:			Questions/ Comments: Please use back of page for more comments.	

***Please complete and return to the central office or place in collection basket.***