


SAINT BARTHOLOMEW PARISH
Parish Census Card

DATE: _____

PLEASE PRINT

ENVELOPE # ASSIGNED BY OFC: _____

LAST NAME: _____ FIRST NAME: _____

 TELEPHONE: _____

 CELL: _____  EMAIL: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____ HOUSE/CONDO/TOWNHOUSE/APT. _____

Description HUSBAND, WIFE, CHILD, PARENT ?	LAST NAME	FIRST NAME	DATE OF BIRTH M/DAY/YEAR	DATE OF MARRIAGE M/DAY/YEAR	BAPTIZED ROMAN CATHOLIC?	FIRST COMMUNION?	CONFIRMED?
WIFE					Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
HUSBAND					Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
CHILDREN (BELOW 18)					Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
					Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
					Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
					Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

Please answer the questions below:

1. What is your reason for registering in our church?

- a. Sacraments (Baptism, First Reconciliation and Communion, Confirmation, or Wedding) – CIRCLE ONE
- b. New in the community
- c. Others: _____

2. Is St. Bartholomew Parish your primary Church? Yes No

If not where do you normally go? _____

3. What language is spoken at home? _____ Second Language _____

4. Do you want envelopes? Yes No *Using envelopes ensures that you receive a tax receipt every week and gives you peace of mind that your donation is receipted correctly.

If not please explain why

5. Which registration name would you want this under?

- Couple (husband & wife) Your own

Please print this form, fill it up and bring to the office. Get your donation envelope from the staff.