

**IMMACULATE CONCEPTION CHURCH – PARISH CENSUS**

**211 SUMMIT STREET, NORWOOD, NJ 07648**

<b>LAST NAME:</b>	<b>CURRENT DATE:</b>
<b>ADDRESS:</b>	<b>REGISTRATION: NEW( ) UPDATE ( )</b>
<b>CITY, STATE, ZIP:</b>	<b>HOME PHONE#:</b>
<b>EMAIL ADDRESS:</b>	<b>ENVELOPE OR PARISH PAY # :</b>
<b>Envelopes: Do you receive them: Yes ( ) No ( ) Do you use them: Yes ( ) No ( ) Do you want them: Yes ( ) No ( )</b>	
<b>Would you like info on Automatic Payments: Yes ( ) No ( )</b>	

**ADULTS IN HOUSEHOLD**

(Please fill in for those living in your household over the age of 18; those under 18 on the reverse side of this form)

	<b>Head of Household</b>			
<b>Name</b>				
<b>Relationship to Head of household</b>				
<b>Education</b> (Check highest level completed or attending)	__High School __College __Graduate School	__High School __College __Graduate School	__High School __College __Graduate School	__High School __College __Graduate School
<b>Gender</b>	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )
<b>Marital Status</b>	__Single __Married __Widowed __Divorced/Annulment __Separated	__Single __Married __Widowed __Divorced/Annulment __Separated	__Single __Married __Widowed __Divorced/Annulment __Separated	__Single __Married __Widowed __Divorced/Annulment __Separated
<b>Date of Birth</b>				
<b>Language</b> (If not English)				
<b>Ethnicity</b>				
<b>Religion</b> (Check Roman Catholic or specify)	ROMAN CATHOLIC ( ) Other: _____	ROMAN CATHOLIC ( ) Other: _____	ROMAN CATHOLIC ( ) Other: _____	ROMAN CATHOLIC ( ) Other: _____
<b>Present Occupation</b>				
<b>If Retired, Occupation prior to Retirement</b>				
<b>Cellular Phone#</b>				
<b>Email address</b>				
<b>Send email instead of mail when possible</b>	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
<b>Baptism</b>	Yes ( ) No( )	Yes ( ) No( )	Yes ( ) No( )	Yes ( ) No( )
<b>1<sup>ST</sup> Communion</b>	Yes ( ) No( )	Yes ( ) No( )	Yes ( ) No( )	Yes ( ) No( )
<b>Confirmation</b>	Yes ( ) No( )	Yes ( ) No( )	Yes ( ) No( )	Yes ( ) No( )
<b>Date of Marriage</b>				
<b>List Ministry Involvement</b>				
<b>Start Date &amp; End Date</b>	SD _____ ED _____	SD _____ ED _____	SD _____ ED _____	SD _____ ED _____
<b>Completed Protecting God's Children Program / Year</b>	Yes ( ) No( ) Year _____	Yes ( ) No( ) Year _____	Yes ( ) No( ) Year _____	Yes ( ) No( ) Year _____

**Please be sure to do both side →**

**ATTACH ADDITIONAL SHEETS AS NECESSARY**

**PARISH CENSUS – CHILDREN IN HOUSEHOLD UNDER AGE 18**

<b>Child's Name</b>					
<b>Relationship to head of household</b>					
<b>Enrolled in ICC – CCD Program</b>	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )
<b>School Name and Grade</b>					
<b>Gender</b>	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )
<b>Date of Birth</b>					
<b>Language if not English</b>					
<b>Ethnicity</b>					
<b>RELIGION (Roman Catholic or specify)</b>	Roman Catholic ( ) Other: _____	Roman Catholic ( ) Other: _____	Roman Catholic ( ) Other: _____	Roman Catholic ( ) Other: _____	Roman Catholic ( ) Other: _____
<b>Cellular Phone #</b>					
<b>Email Address</b>					
<b>Emergency Contact</b>					
<b>Emergency #</b>					
<b>BAPTISM If known, please specify Date and Location</b>	Yes ( ) No ( )		Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
<b>1<sup>st</sup> COMMUNION If known, please specify Date and Location</b>	Yes ( ) No ( )		Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
<b>CONFIRMATION If known, please specify Date and Location</b>	Yes ( ) No ( )		Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
<b>List Ministry Involvement Start Date &amp; End Date</b>	_____ SD ____ ED ____	_____ SD ____ ED ____	_____ SD ____ ED ____	_____ SD ____ ED ____	_____ SD ____ ED ____

- Are there any homebound individuals in your home who desire a weekly/ monthly visit from a Sister, Priest or Eucharistic Minister? Yes ( ) No ( )
- If married outside the church, do you desire to pursue a validation and blessing of your marriage by the Church? Yes ( ) No ( )
- Are you interested in information about annulments? Yes ( ) No ( )
- Do you have any concerns for which you would like a priest to contact you? Yes ( ) No ( )
- Do you or a member of you household have a disability where we can provide you with assistance? Yes ( ) No ( )
- Is there someone in your family to whom you would like us to send a census card? Yes ( ) No ( ) Specify \_\_\_\_\_
- How can Immaculate Conception help to increase your participation in the Parish Community \_\_\_\_\_

8. Census completed by \_\_\_\_\_

Thank you for your time.

**Please be sure to complete both sides of this form →**