## <u>IMMACULATE CONCEPTION CHURCH – PARISH CENSUS</u> 211 SUMMIT STREET, NORWOOD, NJ 07648

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

## **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)

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

## PARISH CENSUS – CHILDREN IN HOUSEHOLD UNDER AGE 18

Child's Name					
Relationship to head of household					
Enrolled in ICC – CCD Program	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )	Yes ( ) No ( ) N/A ( )
School Name and Grade					
Gender	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )	Female ( ) Male ( )
Date of Birth					
Language if not English					
Ethnicity					
RELIGION	Roman Catholic ( )	Roman Catholic ( )	Roman Catholic ( )	Roman Catholic ( )	Roman Catholic ( )
(Roman Catholic or specify)	Other:	Other:	Other:	Other:	Other:
Cellular Phone #					
Email Address					
<b>Emergency Contact</b>					
Emergency #					
BAPTISM	Yes ( ) No ( )		Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
If known, please specify					
Date and Location					
1 <sup>st</sup> COMMUNION	Yes ( ) No ( )		Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
If known, please specify					
Date and Location	4				
CONFIRMATION	Yes ( ) No ( )		Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )
If known, please specify					
Date and Location					
List Ministry Involvement					
Start Date & End Date	SD ED	SD ED	SD ED	SD ED	SD ED
<ol> <li>If married outside the</li> <li>Are you interested in</li> <li>Do you have any cond</li> <li>Do you or a member of</li> <li>Is there someone in you</li> <li>How can Immaculate Cond</li> </ol>	e church, do you desire to pur information about annulmen erns for which you would like of you household have a disa	rsue a validation and blessin hts? Yes ( ) No ( e a priest to contact you? bility where we can provide like us to send a census ca	Yes ( ) No ( ) e you with assistance? rd? Yes ( ) No ( ) Sp	urch? Yes ( ) No ( Yes ( ) No( )	res ( ) No ( ) ) 
8. Census completed by Thank you for your time.		Please be sure to comp	lete both sides of this form	<del></del>	