

Saints Philip and James RC Church 1 Carow Place, St. James, NY 11780 Phone: 631-584-5454

PARISH CENSUS FORM

| MEMBER #1 | | | | | | | | | | | | |
|---|--|-------------|----|-------------|---------------|--------|------------|-----------|---------------------|--|--|--|
| First Name: | | | | | | | Last Name: | | | | | |
| Address: | | | | | | | | | | | | |
| Home Phone: | | Cell Phone: | | | | | | | | | | |
| Email: | | | | | | | | Religion: | | | | |
| Family Relationship: | D٢ | □ Husband | | ife | □ Child | □ Sing | gle | □ Other | (specify) | | | |
| Date of Birth: | | _//_ | | Occupation: | | | | | RETIRED: 🗆 Yes 🗆 No | | | |
| SACRAMENTS RECEIVED | | | | | | | | | | | | |
| Bapti | Baptism: Yes I No Name of Church/Town: | | | | | | | | | | | |
| First Commun | ion: | □ Yes □ | No | Name | e of Church/T | own: | | | | | | |
| Confirmat | ion: | on: | | | | | | | | | | |
| Marria | age: 🛛 Yes 🖾 No Date: / Church/Town: | | | | | | | | | | | |
| Talents or Ministry experience you would like to share with our Parish: | | | | | | | | | | | | |
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PLEASE <u>FILL OUT</u> THE FOLLOWING INFORMATION FOR <u>ALL OTHER MEMBERS OF YOUR FAMILY</u>

| MEMBER #2 | | | | | | | | | | | |
|---|--|---------------|----|------|---------------|--------|----|-----------|--|---------------------|--|
| First Name: | | | | | | | La | st Name: | | | |
| Address: | | | | | | | | | | | |
| Home Phone: | | Cell Phone: | | | | | | | | | |
| Email: | | | | | | | | Religion: | | | |
| Family Relationship: | | lusband | | ife | □ Child | □ Sing | le | Other (sp | | cify) | |
| Date of Birth: | | / Occupation: | | | | | | | | RETIRED: 🗆 Yes 🗆 No | |
| SACRAMENTS RECEIVED | | | | | | | | | | | |
| Bapti | Baptism: | | | | | | | | | | |
| First Commun | Inion: Yes I No Name of Church/Town: | | | | | | | | | | |
| Confirmat | ion: | □ Yes □ | No | Name | e of Church/T | own: | | | | | |
| Marria | Marriage: Yes INO Date: // Church/Town: | | | | | | | | | | |
| Talents or Ministry experience you would like to share with our Parish: | | | | | | | | | | | |
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PARISH CENSUS FORM

| MEMBER #3 | | | | | | | | | | | |
|---|-------------------------------------|--------------------------------|------|------|---------------|--------|------------|---------|-----------|---------------------|--|
| First Name: | | | | | | | Last Name: | | | | |
| Address: | | · · · · · | | | | | | | | | |
| Home Phone: | | Cell Phone: | | | | | | | | | |
| Email: | | Religion: | | | | | | | | | |
| Family Relationship: | | lusband | D Wi | ife | □ Child | □ Sing | gle | □ Other | (specify) | | |
| Date of Birth: | | / / Occupation: | | | | | | | | RETIRED: 🗆 Yes 🗆 No | |
| SACRAMENTS | SACRAMENTS RECEIVED | | | | | | | | | | |
| Bapti | tism: Yes INO Name of Church/Town: | | | | | | | | | | |
| First Commun | ion: | 🗆 Yes 🗆 | No | Name | e of Church/T | own: | | | | | |
| Confirmat | ion: | : Yes INO Name of Church/Town: | | | | | | | | | |
| Marria | age: | ge: | | | | | | | | | |
| Talents or Ministry experience you would like to share with our Parish: | | | | | | | | | | | |
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PLEASE FILL OUT THE FOLLOWING INFORMATION FOR ALL OTHER MEMBERS OF YOUR FAMILY

| MEMBER #4 | | | | | | | | | | | | |
|---|--|-------------|----|-------------|---------------|--------|-----|----------|---------------------|--|--|--|
| First Name: | | | | | | | La | st Name: | | | | |
| Address: | | | | | | | | | | | | |
| Home Phone: | | Cell Phone: | | | | | | | | | | |
| Email: | | Religion: | | | | | | | | | | |
| Family Relationship: | | □ Husband □ | | ife | □ Child | □ Sing | gle | □ Other | (specify) | | | |
| Date of Birth: | | _//_ | | Occupation: | | | | | RETIRED: 🗆 Yes 🗆 No | | | |
| SACRAMENTS RECEIVED | | | | | | | | | | | | |
| Bapt | Baptism: Yes I No Name of Church/Town: | | | | | | | | | | | |
| First Commun | ion: | □ Yes □ | No | Namo | e of Church/T | own: | | | | | | |
| Confirmat | tion: | | | | | | | | | | | |
| Marria | riage: Yes I No Date: / Church/Town: | | | | | | | | | | | |
| Talents or Ministry experience you would like to share with our Parish: | | | | | | | | | | | | |
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PARISH CENSUS FORM

| MEMBER #5 | | | | | | | | | | | |
|---|------------------------------------|-------------------------------------|----|--------------|---------------|--------|------------|-----------|------|---------------------|--|
| First Name: | | | | | | | Last Name: | | | | |
| Address: | | | | | | | | | | | |
| Home Phone: | | Cell Phone: | | | | | | | | | |
| Email: | | | | | | | | Religion: | | | |
| Family Relationship: | | □ Husband [| | Wife 🛛 Child | | □ Sing | gle | □ Other | (spe | cify) | |
| Date of Birth: | | // Occupation: | | | | | | | | RETIRED: 🗆 Yes 🗆 No | |
| SACRAMENTS RECEIVED | | | | | | | | | | | |
| Bapti | ism: Yes INo Name of Church/Town: | | | | | | | | | | |
| First Commun | ion: | □ Yes □ | No | Name | e of Church/T | own: | | | | | |
| Confirmat | ion: | n: | | | | | | | | | |
| Marria | age: | ge: 🗆 Yes 🗆 No Date: / Church/Town: | | | | | | | | | |
| Talents or Ministry experience you would like to share with our Parish: | | | | | | | | | | | |
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PLEASE FILL OUT THE FOLLOWING INFORMATION FOR ALL OTHER MEMBERS OF YOUR FAMILY

| MEMBER #6 | | | | | | | | | | | |
|---|------|----------------|----|-----|---------------|--------|-----|------------------|---------------|---------------------|--|
| First Name: | | | | | | | La | st Name: | | | |
| Address: | | | | | | | | | | | |
| Home Phone: | | Cell Phone: | | | | | | | | | |
| Email: | | | | | | | | Religion: | | | |
| Family Relationship: | | lusband | Πw | ife | Child | 🗆 Sing | gle | □ Other | ner (specify) | | |
| Date of Birth: | | // Occupation: | | | | | | | | RETIRED: 🗆 Yes 🗆 No | |
| SACRAMENTS RECEIVED | | | | | | | | | | | |
| Bapti | ism: | □ Yes □ | No | Nam | e of Church/T | own: | | | | | |
| First Commun | ion: | □ Yes □ | No | Nam | e of Church/T | own: | | | | | |
| Confirmat | ion: | □ Yes □ | No | Nam | e of Church/T | own: | | | | | |
| Marria | age: | | | | | | | | | | |
| Talents or Ministry experience you would like to share with our Parish: | | | | | | | | | | | |
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