



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:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Child	<input type="checkbox"/> Single	<input type="checkbox"/> Other (specify) _____	
Date of Birth:	___/___/___	Occupation:			RETIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SACRAMENTS RECEIVED						
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:				
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:				
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:				
Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	Church/Town:			
Talents or Ministry experience you would like to share with our Parish:						

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR ALL OTHER MEMBERS OF YOUR FAMILY

MEMBER #2						
First Name:				Last Name:		
Address:						
Home Phone:				Cell Phone:		
Email:				Religion:		
Family Relationship:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Child	<input type="checkbox"/> Single	<input type="checkbox"/> Other (specify) _____	
Date of Birth:	___/___/___	Occupation:			RETIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SACRAMENTS RECEIVED						
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:				
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:				
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:				
Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	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:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Child	<input type="checkbox"/> Single	<input type="checkbox"/> Other (<i>specify</i>) _____
Date of Birth:	___/___/___	Occupation:		RETIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SACRAMENTS RECEIVED					
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	Church/Town:		
Talents or Ministry experience you would like to share with our Parish:					

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR ALL OTHER MEMBERS OF YOUR FAMILY

MEMBER #4					
First Name:		Last Name:			
Address:					
Home Phone:		Cell Phone:			
Email:		Religion:			
Family Relationship:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Child	<input type="checkbox"/> Single	<input type="checkbox"/> Other (<i>specify</i>) _____
Date of Birth:	___/___/___	Occupation:		RETIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SACRAMENTS RECEIVED					
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	Church/Town:		
Talents or Ministry experience you would like to share with our Parish:					



PARISH CENSUS FORM

MEMBER #5					
First Name:		Last Name:			
Address:					
Home Phone:		Cell Phone:			
Email:		Religion:			
Family Relationship:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Child	<input type="checkbox"/> Single	<input type="checkbox"/> Other (<i>specify</i>) _____
Date of Birth:	___/___/___	Occupation:		RETIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SACRAMENTS RECEIVED					
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	Church/Town:		
Talents or Ministry experience you would like to share with our Parish:					

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR ALL OTHER MEMBERS OF YOUR FAMILY

MEMBER #6					
First Name:		Last Name:			
Address:					
Home Phone:		Cell Phone:			
Email:		Religion:			
Family Relationship:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Child	<input type="checkbox"/> Single	<input type="checkbox"/> Other (<i>specify</i>) _____
Date of Birth:	___/___/___	Occupation:		RETIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SACRAMENTS RECEIVED					
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church/Town:			
Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	Church/Town:		
Talents or Ministry experience you would like to share with our Parish:					