

# Church of the Resurrection

## Catholic Church

### Registration and Census

	Head of Household	Spouse/Significant Other
Title (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other __	Mr. Mrs. Miss. Ms. Dr. Rev. Other __
Name (First, Middle, Maiden, Last)		
Gender (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Date	___ / ___ / ___	___ / ___ / ___
Nickname		
Ethnic Background	White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>	White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>
Address City, State ZIP		
Email		
Home Phone	( ) -	( ) -
Work Phone	( ) -	( ) -
Cell Phone	( ) -	( ) -
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Anniversary Date / / Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> If you were not married in a Catholic Church, would you like one of our priests or deacons to contact you about having your marriage blessed by the Catholic Church? Yes ___ No ___	
Occupation		
Employer		
Church Background	Catholic <input type="checkbox"/> Other _____	Catholic <input type="checkbox"/> Other _____
Sacraments	Baptized <input type="checkbox"/> (Catholic Y or N ___) First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> (Catholic Y or N ___) First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>

Baptism <input type="checkbox"/>	Communion for Sick <input type="checkbox"/>	Ministries: <input type="checkbox"/>
Wedding/Annulment <input type="checkbox"/>	Religious Education <input type="checkbox"/>	Other: <input type="checkbox"/>

Please check the categories you wish to get more information on:

## Children -

*(Only those currently living in the household)*

Name (First, Middle, Maiden, Last)		
Birth Date	___ / ___ / ___	___ / ___ / ___
Relationship	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____ <input type="checkbox"/>
Grade		
Church Background	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____	Catholic <input type="checkbox"/> Other <input type="checkbox"/> _____
Sacraments	Baptized <input type="checkbox"/> (Catholic Y or N ___ ) First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> (Catholic Y or N ___ ) First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
Ethnic Background	White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>	White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>

Name (First, Middle, Maiden, Last)		
Birth Date	___ / ___ / ___	___ / ___ / ___
Relationship	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____	Son <input type="checkbox"/> Daughter <input type="checkbox"/> _____
Grade		
Church Background	Catholic <input type="checkbox"/> Other _____	Catholic <input type="checkbox"/> Other _____
Sacraments	Baptized <input type="checkbox"/> (Catholic Y or N ___ ) First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptized <input type="checkbox"/> (Catholic Y or N ___ ) First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>
Ethnic Background	White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>	White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>

Method of Contribution	Monthly Envelopes <input type="checkbox"/>	Electronic Donation <input type="checkbox"/>
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*If there is anyone in your home experiencing some disability that someone in our community may be able to minister to, please give their name and particular need.*

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