St. John the Baptist – Holy Rosary – Holy Trinity Parish Census Form

Parish Name: _____
Date Completed: _____

Household Information: (Preferred Contact Method - ☐ Phone ☐ Email ☐ Mail ☐ Text)

- **Head of Household Name:** _____
- **Spouse Name (if applicable):** _____
- **Address:** _____
- **Phone Number:** _____
- **Cell Number:** _____
- **Email Address:** _____

Household Members

Full Name	Date of Birth	Relationship	Sacraments Received
			Baptism ☐ Eucharist ☐ Confirmation ☐
			Baptism ☐ Eucharist ☐ Confirmation ☐
			Baptism ☐ Eucharist ☐ Confirmation ☐
			Baptism ☐ Eucharist ☐ Confirmation ☐
			Baptism ☐ Eucharist ☐ Confirmation ☐

Parish Involvement

- Are you registered with the parish? ☐ Yes ☐ No
    - Ministries involved in and/or if you wish to be involved in. (check all that apply):

☐ Lector ☐ Eucharistic Minister ☐ Choir ☐ Hospitality ☐ Catechist ☐ Outreach ☐ Funerals:

INFORMATION PUBLICATION

Do you want your household information published in the parish directory?

[ ] Yes, publish our contact details in the parish directory

[ ] No, keep our information private

Please return this form to Marsha as soon as possible or put in the collection. It must be returned at the time of your photo appointment.