

OUR LADY OF THE ASSUMPTION PARISH

REGISTRATION (CENSUS) FORM

| | | | | | | | |
|--------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|----------------------------------|
| Family Last Name: | | Address: | | | | Do you wish to receive Sunday Contribution Envelopes? Yes No | |
| City: | | State: | Zip Code: | | Home Phone: Cell Phone: | Listed Unlisted | Email address: |
| | Head of Household | Spouse | Child Under 18 yrs | Child Under 18 yrs | Child Under 18 yrs | Child Under 18 yrs | Child Under 18 yrs |
| First Name | | | | | | | |
| Middle Initial | | | | | | | |
| Last Name (if different from family) | | | | | | | |
| Male/Female | | | | | | | |
| Date of Birth | | | | | | | |
| * Nationality (see below) | circle what applies A H N B O | circle what applies A H N B O | circle what applies A H N B O | circle what applies A H N B O | circle what applies A H N B O | circle what applies A H N B O | circle what applies A H N B O |
| ** Marital Status (see below) | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 | Single | Single | Single | Single | Single |
| Date of Marriage | | | | | | | |
| Religion | | | | | | | |
| Baptism | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| First Communion | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Confirmation | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Language(s) Spoken | | | | | | | |
| Occupation | | | | | | | |
| Place of Occupation | | | | | | | |
| Work Phone Number | | | | | | | |
| Education / Grade | | | | | | | |
| Name of School (if applicable) | | | | | | | |

*Options for Nationality: A – Anglo H – Hispanic N – Native American B – Black O – Oriental

**Options for Marital status: 1 – Married Catholic 2 – Married by Non-Catholic Minister 3 – Married Civil 4 – Single 5 – Separated 6 – Divorced 7 – Widowed

FOR OFFICE USE ONLY

| | | | | | |
|------------------|--|------------------|--|-----------------|--|
| Date Registered: | | Envelope #: | | Notes/Comments: | |
| ACA #: | | Geographic Area: | | | |