

Church of St. Mary

Parish Census / Registration Form

Family Name _____	Home Phone ____ - ____ - ____
Family Email _____	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
Mailing Name _____	
Mailing Address _____	
(If P.O. Box, please give physical address of residence) _____	
City, State, ZIP _____	
Secondary Mailing Address for those who live away from St. Mary Church for longer than 1 month	
Street / P.O. Box _____	
City, State, ZIP _____	
Please circle months that you live away from the parish J F M A M J J A S O N D	
Previous parish _____	
<input type="checkbox"/> St. Mary School Family <input type="checkbox"/> St. Mary Religious Education (CCD) Family <input type="checkbox"/> School District _____	

Couple/Head of Household Information please check all that apply

Marital Status <input type="checkbox"/> Married in Catholic Church <input type="checkbox"/> Married by Protestant Minister <input type="checkbox"/> Civil Marriage (Judge) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried
Date Married (m/d/y) ____ / ____ / ____ Place Married _____ city _____ state _____
If married outside the Church, was your marriage blessed in the Catholic Church? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
If widowed, please list spouse's name _____ date of death ____ / ____ / ____

Husband/Head of Household

First	Middle	Last/Maiden
Nickname	Occupation/Skills	
Birth Date / /	Work Phone	
Religion	Cell Phone	email
Sacraments Rec'd		
<input type="checkbox"/> Baptism Church of baptism _____ City/St _____ <input type="checkbox"/> Penance <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Church of confirmation _____ City/St _____		
Education Completed		
Any special needs?		

Spouse

First	Middle	Last/Maiden
Nickname	Occupation/Skills	
Birth Date / /	Work Phone	
Religion	Cell Phone	email
Sacraments Rec'd		
<input type="checkbox"/> Baptism Church of baptism _____ City/St _____ <input type="checkbox"/> Penance <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Church of confirmation _____ City/St _____		

Education Completed

Any special needs?

Child # 1

First	Middle	Last if different	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date / /	Current Grade	School Name	
Religion	Special needs?		
Sacraments Received	<input type="checkbox"/> Baptism	Church of baptism _____	City/St _____
<input type="checkbox"/> Penance <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Church of confirmation _____	City/St _____	

Child #2

First	Middle	Last if different	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date / /	Current Grade	School Name	
Religion	Special needs?		
Sacraments Received	<input type="checkbox"/> Baptism	Church of baptism _____	City/St _____
<input type="checkbox"/> Penance <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Church of confirmation _____	City/St _____	

Child #3

First	Middle	Last if different	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date / /	Current Grade	School Name	
Religion	Special needs?		
Sacraments Received	<input type="checkbox"/> Baptism	Church of baptism _____	City/St _____
<input type="checkbox"/> Penance <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Church of confirmation _____	City/St _____	

Child #4

First	Middle	Last if different	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date / /	Current Grade	School Name	
Religion	Special needs?		
Sacraments Received	<input type="checkbox"/> Baptism	Church of baptism _____	City/St _____
<input type="checkbox"/> Penance <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Church of confirmation _____	City/St _____	

Other Household Member

First	Middle	Last if different	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date / /	Grade and School -or- Occupation		
Religion	Special needs?		
Sacraments Received	<input type="checkbox"/> Baptism	Church of baptism _____	City/St _____
<input type="checkbox"/> Penance <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Church of confirmation _____	City/St _____	

To add other children or household members, please check box below and continue on reverse side.

Additional information on reverse side

Mail Registration Form to: St. Mary Church and School
227 Monee Road
Park Forest, IL 60466

Fax to: 708-748-6907

Place in Offertory Collection Basket.