



Sacred Heart Catholic Church

330 N Silverleaf St., Gladwin, MI 48624 989-426-7154 sacredheartgladwin@gmail.com

PARISH CENSUS FORM NEW MEMBERSHIP **UPDATE**

Date: / /

Office Use Only

REG/ENV#

Family LastName: _____

Home Address: _____ City _____ Zip Code _____

Phone: _____ Cell #: _____ E-Mail _____

Emergency Contact: _____ Phone: _____ Cell #: _____

Marital Status (please check one):

Married in Catholic Church Date: _____

Married but not in the Catholic Church Date: _____

Divorced Date: _____ Widowed

Separated: Date: _____ Single

Head of Household: _____ Spouse: _____

Date of Birth: _____ Date of Birth: _____

Profession: _____ Profession: _____

Work No. _____ Work No. _____

Religion: _____ Religion: _____

Maiden Name: _____ Maiden Name: _____
(If Applicable) (If Applicable)

SACRAMENTAL INFORMATION OF FAMILY AND OTHERS LIVING AT HOME

(Include Head of Household and Spouse)

Name	M/F	Date of Birth	Date of Baptism	Date of Eucharist	Date of Confirmation	School Grade	Please enroll my child in Rel. Ed. ? Y/N	Special Needs

Former Parish, City and State: _____

What program would you like to see at the Church? _____

Are there any talents/time you would like to be involved in? _____

Would you like to receive more information about the parish? Yes No

Would you like to receive information about online giving? Yes No

May we publish your, address and phone number in our parish directory? Yes No

For Office Use only:	Send
Date Received	Welcome Pkg.
Date Enter	Other