



# St. Athanasius Catholic Church

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**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

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

Would you like to receive information about online giving? To sign up, Yes  No

scan QR code now.



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