## Saint Joseph Church Census Form

Please fill out and return to the collection basket or bring to the Church Office.

Full Name		Religion		Birthday (Month/Day/Year)	Check Here If You do not want your personal information shared	
Spouse's Full Name with Maiden Name		Religion		Birthday (Month/Day/Year)	Check Here If You Would Like to Continue Receiving Envelopes	
Date of Wedding						
<b>Current Mailing Address</b>	City		State		Zip	
Home Phone Number Cell P		Cell Phone Number		Spouse's	Spouse's Cell Phone Number	
Email Address			Spouse's	Email Address		
Occuration	TX/o	wheels so		Dhone Me		
Occupation Wo		Workplace		Pnone Nu	Phone Number	
Second Occurry	***			Phone Nu		
Spouse's Occupation Work		orkplace	place		mber	

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Child's Full Name	Birthday	Baptism	Eucharist	Confirmation
(Living at Home and College)	(Month/Day/Year)	(Location)	(Location)	(Location)

Mass	Attended	<b>Most Often</b>

Ministry	Name of Family Member(s) P	erforming Ministry	
Decorating			
Eucharistic Minister			
Funeral Dinners			
Gardening			
Homebound and Nursing Home Visitor			
Knights of Columbus and Auxiliary			
Lector			
Maintenance			
Music (Please specify what musical role)	Cantor:	Choir:	Instrument:
Pastoral Council			
Server			
Technology			
Usher/Greeter			
St. Mary's Women's Club			
St. Vincent de Paul			
Youth Ministry (Please specify what role)			
Other (Please specify)			

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