

ST JANE DE CHANTAL/ST MICHAEL THE ARCHANGEL MISSION FAMILY CENSUS/REGISTRATION FORM

PLEASE PRINT:

DATE: ____/____/____

ENVELOPE NUMBER: _____

FAMILY NAME (LAST NAME): _____

PH: _____

HOME OWNER (Circle One): YES NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MARITAL STATUS (Circle One): Single Married Divorced Separated

☞ IF MARRIED – Were you married by a Catholic Priest or Deacon? YES NO DATE OF MARRIAGE: _____ WHAT CITY/ST: _____

☞ IF MARRIED BY A PRIEST OR DEACON – What church? _____ WIFE'S MAIDEN NAME: _____

Email Address: _____ Cell Phones: His _____ Her's _____

MEMBERS IN THE HOUSEHOLD:

	First Name	Date of Birth	Denomination/ Religion	Baptized	1 st Communion	Confirmed	Receive Communion	Attend Mass
Husband or Single Man:	_____	_____	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wife or Single Woman	_____	_____	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHERS IN THE HOUSEHOLD – CHILDREN/PARENTS/OTHERS:

Relationship	Name	Date of Birth	Denomination/ Religion	Baptized	1 st Communion	Confirmed	Receive Communion	Attend Mass
<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

***ADD ADDITIONAL FAMILY MEMBERS ON BACK**

Please list any household members who are shut-in or disabled: _____ Is Homebound Ministry needed? Yes No

Please list names & number of individuals who would like to know more about the Catholic Faith _____

Do you have any objection to being contacted by the Church Ministries? Yes No

VOLUNTEER SERVICES – Volunteers are always needed in different areas. Please indicate any that you maybe interested in:

- | | | | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Cleaning Church: <input type="checkbox"/> Yes <input type="checkbox"/> No | Eucharistic Ministry: <input type="checkbox"/> Yes <input type="checkbox"/> No | Landscaping Ministry: <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Events: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bereavement Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No | Alter Society: <input type="checkbox"/> Yes <input type="checkbox"/> No | Prayer Group: <input type="checkbox"/> Yes <input type="checkbox"/> No | Usher: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Choir/Cantor: <input type="checkbox"/> Yes <input type="checkbox"/> No | Lector/Reader: <input type="checkbox"/> Yes <input type="checkbox"/> No | St. Vincent de Paul: <input type="checkbox"/> Yes <input type="checkbox"/> No | Stewardship: <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Return in the Collection Basket or by Mail to St. Jane de Chantal, P.O. Box 1870, Abita Springs, LA 70420

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Visit our website <http://saintjanedechantal.com> for updates and information.



Download the My Parish App

Stay connected with St. Jane de Chantal & St. Jane CYO St. Jane Youth