

ST. JOHN THE BAPTIST CATHOLIC CHURCH 2021-22 CENSUS FORM

FAMILY LAST NAME: _____

RECEIVE ENVELOPES (Y OR N) _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE #: _____

EMAIL ADDRESS: _____

DO YOU RECEIVE THE STEUBENVILLE REGISTER? Y or N

Household Member(s) First Name (include last name if different)	Member Type: Head, Spouse, Other	Sex M/F	Maiden Name	Date of Birth mo/date/yr	Baptism Y or N (Name of Church)	1st Communion Y or N (Name of Church)	Confirmation Y or N (Name of Church)	Marital Status: S, M, D,W	Marriage mo/date/yr (Name of Church)	Catholic Marriage (Y or N)	Employer (Include phone number) (List any disabilities)	Liturgical Minister (Y or N)

CHILDREN (currently a part of your family)

Name	Sex M/F	Date of Birth mo/date/yr	Baptized Y or N (Name of Church)	1st Communion Y or N (Name of Church)	Confirmation Y or N (Name of Church)	Grade	School or Current Status (Please list any disabilities)	Altar Server, Lector or other

Please use the back of this form to include any additional family members and/or additional information