

ST. PETER CHURCH Census Form - 2017

PARISH OFFICE USE ONLY:

ACS Updated: _____

- I am currently a member of St. Peter Parish and am completing the Census.
 I am no longer attending St. Peter Parish and wish to be removed from your records. (Please provide Head of Household name and Contact # below should we have any questions.)

| | | | | | |
|---|--|---|-------|--|--------|
| Today's Date: | | | | | |
| HEAD OF HOUSEHOLD INFORMATION | | | | | |
| Head of Household's Last Name: | | First Name: | | Middle Name: | |
| | | | | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | |
| Street Address: | | | City: | | State: |
| | | | | | Zip: |
| Maiden Name: | | Gender: | | Email: | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Marital Status: | | Birthdate: | | Cell Phone No: | |
| <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Church Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Widowed | | | | () | |
| | | Church of Marriage: | | City & State of Marriage: | |
| | | | | Date of Marriage: | |
| Religion: | | Sacraments Received: | | Church of Baptism: | |
| | | <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | (If Known) | |
| Date of Baptism: | | Church of Confirmation: | | Date of Confirmation: | |
| (If Known) | | (If Known) | | (If Known) | |
| SPOUSE INFORMATION | | | | | |
| Last Name: | | First Name: | | Middle Name: | |
| | | | | Maiden Name: | |
| | | | | Gender: | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birthdate: | | Cell Phone No: | | Email: | |
| | | () | | | |
| Religion: | | Sacraments Received: | | Church of Baptism: | |
| | | <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | (If Known) | |
| Date of Baptism: | | Church of Confirmation: | | Date of Confirmation: | |
| (If Known) | | (If Known) | | (If Known) | |
| CHILDREN INFORMATION | | | | | |
| Please complete the reverse side for children in your household under 18 years of age and those over 18 if a student. Those over 18 and not a student should be registered separately and should complete a separate Census Form. | | | | | |
| ADDITIONAL INFORMATION | | | | | |
| Comments: | | | | | |

Please complete and return no later than September 15, 2017 to:
 St. Peter Church, 35777 Center Ridge Rd, N. Ridgeville, OH 44039

(This form can also be returned via the Collection Basket or dropped in the box in the Church. You may also provide your information on-line at www.stpeternr.org.)

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| CHILDREN INFORMATION | | | |
|---|--|---------------------------------------|---|
| Please complete the below for each child in your household under 18 years of age and those over 18 if a student. Those over 18 and not a student should be registered separately and should complete a separate Census Form. If more than 3 children, please attach a separate sheet. | | | |
| CHILD #1: | | | |
| Last Name: | First Name: | Middle Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birthdate: | Cell Phone No: () | Email: | |
| Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | Church of Baptism: (If Known) | Date of Baptism: (If Known) |
| Church of 1 st Communion: (If Known) | Date of 1 st Communion: (If Known) | Church of Confirmation: (If Known) | Date of Confirmation: (If Known) |
| CHILD #2: | | | |
| Last Name: | First Name: | Middle Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birthdate: | Cell Phone No: () | Email: | |
| Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | Church of Baptism: (If Known) | Date of Baptism: (If Known) |
| Church of 1 st Communion: (If Known) | Date of 1 st Communion: (If Known) | Church of Confirmation: (If Known) | Date of Confirmation: (If Known) |
| CHILD #3: | | | |
| Last Name: | First Name: | Middle Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Birthdate: | Cell Phone No: () | Email: | |
| Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation | | Church of Baptism: (If Known) | Date of Baptism: (If Known) |
| Church of 1 st Communion: (If Known) | Date of 1 st Communion: (If Known) | Church of Confirmation: (If Known) | Date of Confirmation: (If Known) |

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