



St. Monica Catholic Church
Parishioner Census Update Form
PLEASE PRINT AND FILL IN FULLY

Today's Date: _____

Completing this sheet will help us get to know our parish family better and will help update our parish records.

Family Name _____ Envelope/Parishioner Number _____

Physical Address _____ City _____ State _____ Zip _____ - _____
Mailing Address: If address is the same as physical please write same below.
_____ City _____ State _____ Zip _____ - _____

HEAD OF HOUSEHOLD 1

Circle one: Mr. Mrs. Ms. Dr. Miss Other: _____

Name _____ Birthdate ____/____/____ Place _____
Last, First, Middle mm dd yyyy City, State

Cell phone _____ E-mail _____

Religion/Denomination _____ Church Attendance Frequency* _____ See bottom of page

Sacraments of Initiation:

Baptism ____ No or ____ Yes If yes: Date ____/____/____ Location _____
Church, City, State

1st Eucharist ____ No or ____ Yes If yes: Date ____/____/____ Location _____
Church, City, State

Confirmation ____ No or ____ Yes If yes: Date ____/____/____ Location _____
Church, City, State

Marital Status: ____ Catholic Marriage ____ Interfaith Marriage ____ Civil Marriage ____ Single ____ Widowed ____ Divorced
____ Annulment Marriage ____ Separated

Marriage Date: ____/____/____ Location _____
mm dd yyyy Church, City, State

Maiden Name (if applicable) _____

Occupation (Your title) _____ Employer: _____

Work Phone: _____

Education: ____ High School ____ Some College ____ Associates Degree ____ Bachelors Degree ____ Masters Degree
____ Doctorate Degree ____ OTHER _____

Ethnicity: _____ Primary Language: _____ 2nd _____

HEAD OF HOUSEHOLD 2

Circle one: Mr. Mrs. Ms. Dr. Miss Other: _____

Name _____ Birthdate ____/____/____ Place _____
Last, First, Middle mm dd yyyy City, State

Cell phone _____ E-mail _____

Religion/Denomination _____ Church Attendance Frequency* _____ See bottom of page

Sacraments of Initiation:

Baptism ____ No or ____ Yes If yes: Date ____/____/____ Location _____
Church, City, State

1st Eucharist ____ No or ____ Yes If yes: Date ____/____/____ Location _____
Church, City, State

Confirmation ____ No or ____ Yes If yes: Date ____/____/____ Location _____
Church, City, State

Marital Status: ____ Catholic Marriage ____ Interfaith Marriage ____ Civil Marriage ____ Single ____ Widowed ____ Divorced
____ Annulment Marriage ____ Separated

Marriage Date ____/____/____ Location _____
mm dd yyyy Church, City, State

Maiden Name (if applicable) _____

Occupation (Your title) _____ Employer: _____

Education: ____ High School ____ Some College ____ Associates Degree ____ Bachelors Degree ____ Masters Degree
____ Doctorate Degree ____ OTHER _____

Ethnicity: _____ Primary Language: _____ 2nd _____

Weekend Mass Time you participate in: ____ Saturday 6:00 p.m. ____ Sunday 8:00 a.m. ____ Sunday 10 a.m.

Weekday Mass time you participate in: ____ Tuesday 12:10 p.m. ____ Thursday 6 p.m. ____ Friday 8 a.m.

***Church Attendance Frequency: D- daily; M- more than weekly; W- Weekly; F- Frequently; S-Seldom; N—Does not Attend**

List all dependents or others who currently are living at home [children (young and adult), grandchildren, siblings, older parents]

Name _____ **Male** ☐ **Female** ☐

Birthdate _____ / _____ / _____ Birthplace _____ Attends Parish CCE/CYO program ☐ Yes ☐ No
MM / DD / YYYY City, State

Education

Name of School attending _____ City, State _____ Grade _____

Sacraments of Initiation:

Baptism ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

1st Eucharist ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

Confirmation ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

Activities and Volunteer Activities involved in: _____

Activities and Volunteer Activities you would like to become involved in: _____

Would you like to receive information to complete Sacraments ☐ No or ☐ Yes

Are You interested in Rite of Christian Initiation of Adult(RCIA)? ☐ No or ☐ Yes

Name _____ **Male** ☐ **Female** ☐

Birthdate _____ / _____ / _____ Birthplace _____ Attends Parish CCE/CYO program ☐ Yes ☐ No
MM / DD / YYYY City, State

Education

Name of School attending _____ City, State _____ Grade _____

Sacraments of Initiation:

Baptism ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

1st Eucharist ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

Confirmation ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

Activities and Volunteer Activities involved in: _____

Activities and Volunteer Activities you would like to become involved in: _____

Would you like to receive information to complete Sacraments ☐ No or ☐ Yes

Are You interested in Rite of Christian Initiation of Adult(RCIA)? ☐ No or ☐ Yes

Name _____ **Male** ☐ **Female** ☐

Birthdate _____ / _____ / _____ Birthplace _____ Attends Parish CCE/CYO program ☐ Yes ☐ No
MM / DD / YYYY City, State

Education

Name of School attending _____ City, State _____ Grade _____

Sacraments of Initiation:

Baptism ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

1st Eucharist ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

Confirmation ☐ No or ☐ Yes If yes: Date _____ / _____ / _____ Location _____
Church, City, State

Activities and Volunteer Activities involved in: _____

Activities and Volunteer Activities you would like to become involved in: _____

Would you like to receive information to complete Sacraments ☐ No or ☐ Yes

Are You interested in Rite of Christian Initiation of Adult(RCIA)? ☐ No or ☐ Yes

Name _____ **Male** ☐ **Female** ☐

Birthdate _____ Last, First, Middle
MM / DD / YYYY Birthplace _____ Attends Parish CCE/CYO program ☐ Yes ☐ No
City, State

Education

Name of School attending _____ City, State _____ Grade _____

Sacraments of Initiation:

Baptism ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
Church, City, State

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Church, City, State

Confirmation ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
Church, City, State

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Activities and Volunteer Activities you would like to become involved in: _____

Would you like to receive information to complete Sacraments ☐ No or ☐ Yes

Are You interested in Rite of Christian Initiation of Adult(RCIA)? ☐ No or ☐ Yes

Name _____ **Male** ☐ **Female** ☐

Birthdate _____ Last, First, Middle
MM / DD / YYYY Birthplace _____ Attends Parish CCE/CYO program ☐ Yes ☐ No
City, State

Education

Name of School attending _____ City, State _____ Grade _____

Sacraments of Initiation:

Baptism ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
Church, City, State

1st Eucharist ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
Church, City, State

Confirmation ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
Church, City, State

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Would you like to receive information to complete Sacraments ☐ No or ☐ Yes

Are You interested in Rite of Christian Initiation of Adult(RCIA)? ☐ No or ☐ Yes

Name _____ **Male** ☐ **Female** ☐

Birthdate _____ Last, First, Middle
MM / DD / YYYY Birthplace _____ Attends Parish CCE/CYO program ☐ Yes ☐ No
City, State

Education

Name of School attending _____ City, State _____ Grade _____

Sacraments of Initiation:

Baptism ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
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1st Eucharist ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
Church, City, State

Confirmation ☐ No or ☐ Yes If yes: Date _____/_____/_____ Location _____
Church, City, State

Activities and Volunteer Activities involved in: _____

Activities and Volunteer Activities you would like to become involved in: _____

Would you like to receive information to complete Sacraments ☐ No or ☐ Yes

Are You interested in Rite of Christian Initiation of Adult(RCIA)? ☐ No or ☐ Yes

Activities, Ministries, Committees each family member belongs to: (Please, use a separate sheet of paper if you need more space)

Name _____

Name _____

Name _____

Parish Activities

All Volunteers in the ministry must attend Ethics & Integrity Workshop!

(Please, highlight if interested in the following activities and print your name on the corresponding line)

Committee

Building and Maintenance Committee:

Finance Committee:

Cemetery Committee:

Pastoral Council:

Bereavement:

Organizations

St. Monica's Ladies Society:

Knights of Columbus #12601:

KJZT #48:

Liturgy

Altar Server:

Extra-ordinary Ministers of Holy Communion:

Lector:

Nursing home/homebound:

Parish Choir:

Cantors:

Volunteer

Becoming a Catechist/Aide:

Youth Ministry:

Volunteer for Religious Education CCE Program:

Festivals/Fundraising:

Any Special needs? Who? (example:

Homebound, nursing home, blind, deaf, etc.)

Would you or someone in your family like to receive information to complete sacraments through our RCIA program?

_____ Yes _____ No

If yes, please provide name and number below:

I currently receive contribution envelopes

_____ Yes _____ No

If No, I would like to receive Donation envelopes?

_____ Yes _____ No

I/We realize that St. Monica Parish may publish a Directory.

I/We give permission that my/our contact information may be published in the directory. (Contact information may include address, phone, email.)

_____ Yes _____ No

Are there any programs or ministries you would like to have implemented into our parish?

Skills & Talents: Please list all skills and talents that each member of your family have:

Choose One:

_____ We (I) are registered parishioners and desire to continue as such.

_____ We (I) are not registered parishioners and would like to register with this form.

Comments: _____

Thank you for taking the time to fill out the census form. As changes occur in your family that affect the information you have provided on this form, please let us know, so that we may keep your records complete and up-to-date.