

(Please Print Information)
Submit form to an Usher or the Church Office

**St. Philip the Apostle Catholic Church
Census/Registration Form**

Family Last Name _____ Date _____

Your Name _____ Spouse's Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Date of Marriage _____

Your Date of Birth _____ Spouse's Date of Birth _____

Your Occupation _____ Work Phone _____

Spouse's Occupation _____ Work Phone _____

Your Religion _____ Baptism _____ First Communion _____ Confirmation _____

Spouse's Religion _____ Baptism _____ First Communion _____ Confirmation _____

Children and/or Other Household Members (living with you)

First Name _____ Last Name _____ M _____ F _____ Birthday _____

Religion _____ Sacraments Received: Baptism _____ 1st Comm _____ Confirm _____

Relationship _____ School Attending _____

First Name _____ Last Name _____ M _____ F _____ Birthday _____

Religion _____ Sacraments Received: Baptism _____ 1st Comm _____ Confirm _____

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Over

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❖ Is there a person in your household that has any of the following needs?

➤ Mentally Disabled – Name _____

➤ Physically Disabled – Name _____

➤ Homebound – Name _____

❖ Do you have any special interests/talents/hobbies? _____

❖ Are you transferring or moving from another parish in the Diocese? Y _____ N _____

If yes, which parish? _____

❖ Do you wish to receive the *West Tennessee Catholic* newspaper? Y _____ N _____

❖ Do you want your address and phone number listed in the *parish directory*? Y _____ N _____

❖ Is there any way that St. Philip the Apostle Church can be of special service to you and your family? _____

❖ E-Mail Address _____ Do you want your email published? Y _____ N _____

OFFICE USE ONLY:

Date : _____ Posted to PDS: _____ Envelopes Ordered: _____

Welcome Pkg: _____ Letter of Welcome: _____ Add to Contacts: _____