

St. John the Evangelist Catholic Church Census

Mass times: Sat: 5:00 pm Sunday: 8:00, 10:00 & Noon

Family Name: Phone E-Mail
 Street Address City State Zip Code

All Members Living in the Household

Name (Last Name If Different From Above)	Age	M/F	Occupation	Baptized	Communion	Confirmation	Married in Church
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y/N	Y/N	Y/N	Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y/N	Y/N	Y/N	Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y/N	Y/N	Y/N	Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y/N	Y/N	Y/N	Y/N

Additional Members: Please list

Instructions for Completing this Form
 1) Please print Neatly.
 2) Fill in all the information as completely as possible.
 3) All answers will be kept confidential.
 4) Seal the completed Form in envelope and return to the Rectory.

Parish Information

- Are You on our mailing list? YES NO
- Family Members who wish to receive communion at home _____
- Family Members Who Have Special Needs (i.e. Ride to Sunday Church Services etc.) _____
- Would you or a family member wish to see a Priest? _____
- How often do you normally attend Mass? _____
- If you are not Catholic, would you like more information concerning the Catholic faith? YES NO
 If "yes", would you like information about the Rite of Christian Initiation for Adults (RCIA) Program? YES NO
- What types of programs would attract you and your family to St. John's?
 Answer: _____
- We are building a Directory of Services for our parishioners. Would you like to have your business included in our Directory at no cost to you? YES NO
 If "Yes", Please fill in the in the box opposite

- 9) Is there a ministry you would like to participate in:
 Eucharist Lector Usher
 other: _____

Business Information

Type of business

Name of your business

Telephone #