

TO SUBMIT CENSUS
ELECTRONICALLY GO TO
STFRANCISCHURCH.COM
DEADLINE: SEPTEMBER 1, 2023

Parish Census Form

St. Francis of Assisi
203 E. Main St., PO Box 730, Teutopolis, IL 62467
Phone: (217) 961-6404 Fax: (217) 961-0680
Parish email: sfc@stfrancischurch.com

IMPORTANT: The information you provide will be held in strict confidentiality and will be used solely for the pastoral needs of the parish and not shared with any third party.

Family Name: _____
Resident Address: Street: _____
Mailing Address: Street: _____ PO Box _____
City: _____ State: _____ Zip code: _____
Phone Number: _____

- ☐ We (I) are registered parishioners and desire to continue as such.
☐ We (I) are registered parishioners and desire to continue, even though we do not attend Mass on a regular basis.
☐ We (I) are registered parishioners but do not attend Mass. We do wish to remain on the parish files.
☐ If not active, what barriers exist that keep you from participating? _____
☐ We (I) are currently registered parishioners, but wish to be removed from the parish files.
☐ We (I) are not registered parishioners, but would like to register.

<u>Head of Household</u>	<u>Please Complete for Both</u>	<u>Spouse</u>
_____	<u>First Name</u>	_____
_____	<u>Middle Name</u>	_____
_____	<u>Last Name</u>	_____
_____	<u>Maiden Name</u>	_____
_____	<u>Cell Phone Number</u>	_____
_____	<u>Email Address</u>	_____
_____	<u>Date of Birth</u>	_____
_____	<u>Religion</u>	_____
_____	<u>Marital Status: Married,</u>	_____
_____	<u>Single, Widowed, Divorced</u>	_____
_____	<u>Date of Marriage</u>	_____
_____	<u>Is your marriage valid according to</u>	_____
_____	<u>Catholic Church? (Y/N)</u>	_____
_____	<u>If Divorced, was marriage annulled (Y/N)</u>	_____
_____	<u>Occupation</u>	_____

**Please complete the back of this form for all people living in your home or for others living with you.
(Include your children attending college and living away from home but still have a permanent residence at your home.)**

Would you (or any other family member) in a nursing home or assisted living like to be visited by Father ? ☐ yes ☐ no.

If so, please list name and address of the person. _____

If someone is confined to home, would they like to receive Holy Communion regularly: ☐ yes ☐ no.

If so, please list name and address of the person. _____

Are there any programs/ministries you would like to have implemented in our parish or you would like to participate in?

Do you wish to contribute your weekly offering through: online giving or envelopes? (circle one)

Do you already receive offertory envelopes? ☐ yes ☐ no.

Would you like to continue to receive parish offertory envelopes? ☐ yes ☐ no

How would you like to receive parish news and updates (you may choose more than one): ☐ texts; ☐ email; ☐ Facebook;
☐ bulletin; ☐ website; Other method not listed: _____

Other comments and concerns: _____

	<u>Person 1</u>	<u>Person 2</u>	<u>Person 3</u>
<u>First Name</u>			
<u>Middle Name</u>			
<u>Last Name</u>			
<u>Relationship (i.e. son, daughter, friend)</u>			
<u>Gender (Male or Female)</u>			
<u>Place of Birth</u>			
<u>Date of Birth</u>			
<u>Baptized Catholic (Yes or No)</u>			
<u>Church, City & State of Baptism</u>			
<u>First Communion (Yes or No)</u>			
<u>Confirmation (Yes or No)</u>			
<u>Occupation</u>			
<u>Marital Status: Married,</u>			
<u>Single, Widowed, Divorced</u>			
<u>Date of Marriage</u>			
<u>Is your marriage valid according to the</u>			
<u>Catholic Church? (y/n)</u>			
<u>If divorced, was marriage annulled? (y/n)</u>			
	<u>Person 4</u>	<u>Person 5</u>	<u>Person 6</u>
<u>First Name</u>			
<u>Middle Name</u>			
<u>Last Name</u>			
<u>Relationship (i.e. son, daughter, friend)</u>			
<u>Gender (Male or Female)</u>			
<u>Place of Birth</u>			
<u>Date of Birth</u>			
<u>Baptized Catholic (Yes or No)</u>			
<u>Church, City & State of Baptism</u>			
<u>First Communion (Yes or No)</u>			
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Important Note Regarding Your Parish Records:

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.

	<u>Person 1</u>	<u>Person 2</u>	<u>Person 3</u>
<u>First Name</u>			
<u>Middle Name</u>			
<u>Last Name</u>			
<u>Relationship (i.e. son, daughter, friend)</u>			
<u>Gender (Male or Female)</u>			
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