

ST. CHRISTOPHER CATHOLIC CHURCH, HOBE SOUND, FL

CENSUS INFORMATION IS STRICTLY CONFIDENTIAL

PARISH REGISTRATION

Family Surname: _____

Date: _____

___ New Registration ___ Updated Registration

___ Full Time Resident ___ Seasonal Resident

Send Offertory Envelopes: ___ Yes ___ No

Would you be interested in online giving when available:

___ Yes ___ No

Local Residence

Address: _____

City, State Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Northern Residence (if applicable)

Address: _____

City, State Zip: _____

Send mail to northern address: ___ Yes ___ No

Seasonal residents, please circle months you are local:

Jan Feb Mar Apr May Jun

Jul Aug Sep Oct Nov Dec

FAMILY MEMBER INFORMATION**Head of Household** First, Middle, Last Name _____ Mr. / Mrs. / Miss

Sex ___ Date of Birth _____ Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Religion: _____ Sacraments Received: Baptism: _____ Communion: _____ Confirmation: _____

Occupation / Former Occupation _____ If woman, Maiden Name: _____

Spouse First, Middle, Last Name _____ Maiden Name: _____

Sex ___ Date of Birth _____ Occupation / Former Occupation _____

Religion: _____ Sacraments Received: Baptism: _____ Communion: _____ Confirmation: _____

Child Living In Your Home First, Middle, Last Name _____ Sex _____

Date of Birth _____ Catholic: ___ Sacraments Received: Baptism: _____ Communion: _____ Confirmation: _____

Child Living In Your Home First, Middle, Last Name _____ Sex _____

Date of Birth _____ Catholic: ___ Sacraments Received: Baptism: _____ Communion: _____ Confirmation: _____

Child Living In Your Home First, Middle, Last Name _____ Sex _____

Date of Birth _____ Catholic: ___ Sacraments Received: Baptism: _____ Communion: _____ Confirmation: _____

Please have other adults living in your home complete their own registration.

Office use only: Entered by: _____ Date Entered: _____ Env. Mailed by: _____ Date Mailed: _____