St. Germaine Parish

9711 S. Kolin Ave, Oak Lawn IL 60453
708-636-5060
708-636-8007 Fax

Date:_____

Env # _____

Registration Form – Confidential Census

Parishoner: Male ____ Female____	**Spouse**
Last:_____First:_____	Last:_____First:_____
Religion:_____Baptized___Confirmed___	Religion:_____Baptized___Confirmed___
Birth Date:_____	Birth Date:_____
Occupation:_____	Occupation:_____

Mailing Address:_____ Phone:_____ May we print? Yes/No

City, State, Zip_____

Marital Status: (circle one) Single Married Separated Divorced Widowed Maiden Name:_____

Wedding Date:_____ Married by Priest? Yes/No Which Church?_____

Year Registered in St. Germaine:_____ Previous Parish:_____

CHILDREN LIVING AT HOME

1.Name:_____ Birth Date:_____ Sex:_____ School:_____.
Baptized Yes/No Which Church?_____ Communion Yes/No Confirm: Yes/No CCD: Yes/No

2.Name:_____ Birth Date:_____ Sex:_____ School:_____.
Baptized Yes/No Which Church?_____ Communion Yes/No Confirm: Yes/No CCD: Yes/No

3.Name:_____ Birth Date:_____ Sex:_____ School:_____.
Baptized Yes/No Which Church?_____ Communion Yes/No Confirm: Yes/No CCD: Yes/No

4.Name:_____ Birth Date:_____ Sex:_____ School:_____.
Baptized Yes/No Which Church?_____ Communion Yes/No Confirm: Yes/No CCD: Yes/No

5.Name:_____ Birth Date:_____ Sex:_____ School:_____.
Baptized Yes/No Which Church?_____ Communion Yes/No Confirm: Yes/No CCD: Yes/No

Other Adults living in home:_____ Homebound? Yes/No Birth Date_____
: Homebound? Yes/No Birth Date

Would you like a priest to contact you? Yes/No
If you have any additional questions or comments, please use reverse side.