

I/We belong to: St James (Carthage)
 St Mary's (Copenhagen)

Parishioner Record

Date: July 20, 2008

email-address: _____

Family Name: _____ Street Address: _____ Mail Address: _____ Telephone Number: _____

Name		Birth Date	Religion	Baptized (Where?)	First Communion (Where?)	Confirmed? (Where?)	Occupation	Mass Attendance
Male Head of Household				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
Female head of Household (include maiden name)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
Names of Children Living at Home	Sex	Birth Date	Religion	Baptized (Where?)	First Communion (Where?)	Confirmed? (Where?)	Grade in School?	Mass Attendance
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom

Marital Status: Single Married Widowed Legally Separated Divorced Remarried Living Together

Date of Marriage: _____ Is your marriage recognized by the Catholic Church? Yes No

Do you presently use offertory envelopes? Yes No Would you like to receive envelopes? Yes No

Other Parishioners, Relatives, Boarders living with you: Is any member of your household home-bound or otherwise in need of a visit? Yes No

Name	Birth Date	Religion	Baptized (Where?)	First Communion (Where?)	Confirmed? (Where?)	Occupation	Mass Attendance
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom

Has a priest / deacon / religious sister ever visited your home? Yes No

Would you like to speak with a priest / deacon / religious sister about some concern? Yes No