



**Ss. Faith, Hope & Charity Parish
Census Registration Form**

PLEASE PRINT CAREFULLY USING DARK INK. THANK YOU!
(All information provided is strictly confidential and is intended for parish use only)

MEMBER STATUS – PLEASE CHECK (X) ONE BOX

FULL MEMBERSHIP:

Entire Family Husband Only Wife Only

Ss. Faith, Hope & Charity is my/our primary church in which I/we have chosen to be active and participate through the conscientious sharing of my/our time, talents and/or treasure. *If you've chosen this status, please complete all sections that apply to you and your family.*

ASSOCIATE MEMBERSHIP:

Entire Family Husband Only Wife Only

I/We do not consider ourselves full members but occasionally enjoy attending events, programs and/or masses. I/We also occasionally support the parish through some participation and sharing of my/our time, talent and/or treasure. *If you've chosen this status, please complete all sections that apply to you and your family.*

NON-MEMBER:

Entire Family Husband Only Wife Only

Please remove from the parish roster since I/we do not wish to be considered member(s).

SECTION I:

DIRECTORY INFORMATION

The following is your current listing in the parish directory:

Is the above information correct? YES NO

If **NO**, please provide the correct information and then choose whether you wish it published in the *parish telephone directory*.

Name Only: _____ Directory? YES NO
 Address: _____ Directory? YES NO
 Telephone (preferred #): _____ Directory? YES NO

Please provide us with your preferred email address: _____

Do you wish to have this email address published in future parish telephone directories? YES NO

How do you prefer to receive information from the parish? (*More than one box may be checked.*) Mail Email

Please provide us with an alternate mailing address if you are away from the parish for an extended period of time.

Alternate Address: _____

Alternate Phone #: (____) _____ - _____ Use from _____ to _____

SECTION II:

HUSBAND's INFORMATION

Title: _____ **LAST NAME:** _____ First Name: _____ Middle: _____ Suffix: _____

Nickname: _____
(If applicable)

Date of Birth: ____ / ____ / ____
MM DD YYYY

Gender: Male Female Religion: Roman Catholic Other (Please specify) _____

Marital Status: Married Single Widowed Separated Divorced

Occupation: _____ Employer Name: _____

Position Title: _____

Business Phone: (_____) _____

Cell Phone: (_____) _____

Personal Business

Email: _____

Personal Business

Highest Level of Education: _____ FHC Graduate? Yes - Class of _____ No

SACRAMENTS RECEIVED

SACRAMENT	DATE (Year Only)	PARISH	CITY & STATE
Baptism			
Communion			
Confirmation			
Marriage			
Deaconate Ordination			

WIFE's INFORMATION

Title: _____ **LAST NAME:** _____ First Name: _____ Middle: _____ Suffix: _____

Nickname: _____
(If applicable)

Maiden Name: _____
(If applicable)

Date of Birth: ____ / ____ / ____
MM DD YYYY

Gender: Male Female Religion: Roman Catholic Other (Please specify) _____

Marital Status: Married Single Widowed Separated Divorced

Occupation: _____ Employer Name: _____

Position Title: _____

Business Phone: (_____) _____

Cell Phone: (_____) _____

Personal Business

Email: _____

Personal Business

Highest Level of Education: _____ FHC Graduate? Yes - Class of _____ No

SACRAMENTS

SACRAMENT	DATE (Year Only)	PARISH	CITY & STATE
Baptism			
Communion			
Confirmation			
Marriage			
Deaconate Ordination			

SECTION III:

DEPENDENT CHILD (REN)

Please enter requested information for each dependent child. For families with more than three children, additional forms may be downloaded from www.faithhope.org or obtained by calling the Parish Office. *Adult children living at home (either post-college age or employed) are asked to register separately.*

CHILD

LAST NAME: _____ First Name: _____ Middle _____

Nickname: _____ Date of Birth: ____/____/____ Gender: Male Female

Religion: Roman Catholic Other (Please specify) _____

Attends/Attended FHC School YES NO FHC Graduate? YES - Class of _____ No
Attends/Attended Religious Education Program YES NO

SACRAMENTS RECEIVED

SACRAMENT	DATE (Year Only)	PARISH	CITY & STATE
Baptism			
Communion			
Confirmation			

CHILD

LAST NAME: _____ First Name: _____ Middle _____

Nickname: _____ Date of Birth: ____/____/____ Gender: Male Female

Religion: Roman Catholic Other (Please specify) _____

Attends/Attended FHC School YES NO FHC Graduate? YES - Class of _____ No
Attends/Attended Religious Education Program YES NO

SACRAMENTS RECEIVED

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CHILD

LAST NAME: _____ First Name: _____ Middle _____

Nickname: _____ Date of Birth: ____/____/____ Gender: Male Female

Religion: Roman Catholic Other (Please specify) _____

Attends/Attended FHC School YES NO FHC Graduate? YES - Class of _____ No
Attends/Attended Religious Education Program YES NO

SACRAMENTS RECEIVED

SACRAMENT	DATE (Year Only)	PARISH	CITY & STATE
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Confirmation			

SECTION IV:

PARISH FINANCIAL SUPPORT OPTIONS

