

## CENSUS INFORMATION

St. Joseph Parish  
**Business Office Address:**  
4440 Russell Street  
Detroit, Michigan 48207  
313-831-6659

Family Last Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## MEMBER INFORMATION

*I am currently registered as a member of St. Joseph Parish. Yes \_\_\_ No \_\_\_*

First & Middle Name : \_\_\_\_\_

Date of birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status:

*Married in the Roman Catholic Church*

*Spouse's name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_*

*Civil marriage only, no convalidation in the Catholic Church \_\_\_*

*Widow/Widower \_\_\_\_\_*

*Single \_\_\_\_\_*

*Separated \_\_\_\_\_*

*Divorced \_\_\_\_\_ Was an annulment granted? Yes \_\_\_ No \_\_\_*

*If no, would you like to be contacted about obtaining an annulment?*

*Yes \_\_\_ No \_\_\_*

*I have received the following sacraments in the Roman Catholic Church:*

*Baptism* \_\_\_\_\_

*Holy Communion* \_\_\_\_\_

*Reconciliation/confession* \_\_\_\_\_

*Confirmation* \_\_\_\_\_

*Matrimony* \_\_\_\_\_

*Holy Orders* \_\_\_\_\_

*If you have not received Baptism, Holy Communion, Reconciliation or Confirmation, would you like to be contacted about receiving these sacraments?*

*Yes* \_\_\_\_\_ *No* \_\_\_\_\_

### CHILDREN LIVING AT HOME

First, Middle & Last Names & Date of Birth:

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

#4. \_\_\_\_\_

### SACRAMENTS

*My children living at home have received the following sacraments: (please list child's name next to sacrament he/she has received)*

*Baptism:* \_\_\_\_\_

*Holy Communion:* \_\_\_\_\_

*Reconciliation/confession:* \_\_\_\_\_

*Confirmation:* \_\_\_\_\_

*I would like to be contacted by the church about my child/children receiving the following sacraments :*

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## EMPLOYMENT/OCCUPATION INFORMATION

- *Note: This information is not required for registration in the parish. Filling out this section of the census is strictly optional and this information is held in confidence at the parish office.*

**Place of Employment:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Work telephone number:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
\_\_\_\_\_

## PARISH ACTIVITY

*I am a member of the following parish groups:*

- \_\_\_ Parish Council
- \_\_\_ Worship Commission
- \_\_\_ Stewardship Commission
- \_\_\_ Restoration Commission
- \_\_\_ Christian Service Commission
- \_\_\_ Education Commission
- \_\_\_ Choir
- \_\_\_ Altar Servers
- \_\_\_ Church Cleaning & Decorating Committee
- \_\_\_ Ushers
- \_\_\_ Student Alumni Association
- \_\_\_ Legion of Mary
- \_\_\_ Holy Name Society
- \_\_\_ German Community
- \_\_\_ Lectors
- \_\_\_ CSA Committee
- \_\_\_ Church Archives Committee
- \_\_\_ Parish Picnic Committee
- \_\_\_ November Anniversary Dinner Committee