REGISTRATION AND CENSUS

ST. JOHN FRANCIS REGIS PARISH

43950 St. John’s Road Hollywood, MD 20636

Phone: 301-373-2281 Fax: 301-373-8984 Email: receptionist@sjchollywood.org

New Registration – How would you like to contribute to the parish? (Check one)

Offertory Envelopes Faith Direct

Update/Correction – Current Envelope number: \_\_\_\_\_\_\_\_\_ Contributing through Faith Direct : \_\_\_\_\_\_\_\_\_\_

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY LAST NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catholic Head of Household:

Title First Name Initial Last Name Jr/Sr/etc

Mailing Address City State Zip Code

Street address if different from mailing address Language spoken at home other than English

Primary phone Other Phone E-mail Address

Publish home address: Yes No Publish phone numbers: Yes No Publish e-mail address: Yes No

Do you or any household member have any ministries, special talents or interests that you would like to be involved in or contribute to the parish? e.g. Eucharistic Minister, lector, usher, rectory or school office help, computers, finances or other. (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or any household member have any special skills that you would like to contribute to the parish? e.g. carpentry, woodworking, decorating, sewing, etc. (Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_

**Please remember to contact the office with any changes to keep your registration/census form updated. Thank you.**

*For Office Use Only*

Envelope Number Assigned *\_\_\_\_\_\_\_\_\_\_\_\_*  Date Entered into computer *\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

INSTRUCTIONS: Please include only family members, or unrelated person living in your household under the same mailing address.

Include students, military personnel or others living away from home temporarily.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  List only those living with you  (Include last name, if different) | Sex  M/F | Date of  Birth  MM/DD/YY | Race or  Origin\*  *Optional* | Marital  Status  \*\* | Catholic  (If other, please specify)  Yes/No | Is marriage  recognized by the Catholic  Church?  Yes/No | Baptized  Yes/No | Confirmed  Yes/No | Occupation/  Name of School  (If full time student) |
| **Self:** |  |  |  |  |  |  |  |  |  |
| **Spouse:** |  |  |  |  |  |  |  |  |  |

**Children, beginning with the oldest:**

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**Other related persons living at home/relationship:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name:  Relationship: |  |  |  |  |  |  |  |  |  |
| Name:  Relationship: |  |  |  |  |  |  |  |  |  |
| Name:  Relationship: |  |  |  |  |  |  |  |  |  |

**\*\*Key for Marital Status:**

N- Never married

M – Now married

D – Divorced

S – Separated

W - Widowed

**\*Key for Race or Origin:**

W – White B – Black or African American H – Hispanic or Latino

A – Asian Other(s) – Please Specify

*Information voluntarily provided about race and/or origin is used to plan for*

*and better serve the pastoral needs of the Archdiocese.*