

New Parishioner

ST NICHOLAS PARISH CONFIDENTIAL CENSUS REGISTRATION TELEPHONE: 203-888-9243 • FAX: 203-888-6016

Family ID #

Date Entered



Envelope ID #



| Please Print | | | |
|---|---|-------------------|----|
| Family Last Name | Wife's Maide n | <u> Name</u> | |
| Circle Preferred Title: Mr. & Mrs. • Mr. • Mrs. • M | Is. • Miss • Dr. • Dr. & Mrs. • Mr. & Dr. • D | Or. & Dr. • Other | |
| Mailing Address | City | State Z | ip |
| If you DO NOT want to receive Stewardship | Offertory Envelopes, please check here | e | |

Updating records

PLEASE Complete Below Information for Each Family Member Leave blank if it does not apply • List only minor children under the age of 18 living at home

| | Head of House | Spouse | Child at Home | Child at Home | Child at Home | Child at Home |
|-----------------------------|---------------|--------|---------------|---------------|---------------|---------------|
| First Name | | | | | | |
| Maiden Name | | | | | | |
| Last Name different | | | | | | |
| Nick Name? | | | | | | |
| Sex (Circle \rightarrow) | M F | M F | M F | M F | M F | M F |
| Birth Date | | | | | | |
| City of Birth | | | | | | |
| Age | | | | | | |
| Religion | | | | | | |
| Marital Status* | | | | | | |

^{*} Marital Status choices: Single • Catholic Marriage • Civil Marriage • Engaged • Separated • Widowed • Divorced

Please see reverse side for additional Information

| | Head of House | Spouse | Child at Home | Child at Home | Child at Home | Child at Home |
|----------------------------|----------------------|--------|---------------|---------------|---------------|---------------|
| First Name | | | | | | |
| Home Telephone | | | | | | |
| Cell Phone | | | | | | |
| Email address | | | | | | |
| Special Needs | | | | | | |
| Homebound? | | | | | | |
| Language | | | | | | |
| Occupation/Student | | | | | | |
| Employer/School | | | | | | |
| Current Grade | | | | | | |
| Talent • Hobby | | | | | | |
| Ministry | | | | | | |
| Volunteer Interest? | | | | | | |
| Virtus Train Date | | | | | | |

SACRAMENTAL INFORMATION

Leave blank if person did not receive the Sacrament

| | Head of House | Spouse | Child at Home | Child at Home | Child at Home | Child at Home |
|--------------------|---------------|--------|---------------|---------------|---------------|---------------|
| Baptism Date | | | | | | |
| Baptism Place | | | | | | |
| Communion Date | | | | | | |
| Communion Place | | | | | | |
| Confirmation Date | | | | | | |
| Confirmation Place | | | | | | |
| Marriage Date | | | | | | |
| Marriage Place | | | | | | |

| For Office Use Only | | Date Received: | Letter Sent: | PDMS Entered: | AAA: |
|---------------------|--|----------------|--------------|---------------|------|
|---------------------|--|----------------|--------------|---------------|------|