

STELLA MARIS CENSUS/REGISTRATION CARD

Last Name _____ Address _____

Home Telephone _____ Cell Number _____ Email Address _____

DEMOGRAPHIC INFORMATION					ANSWER "YES" OR "NO"			TIMES I ATTEND MASS		
	DOB dd/mm/yy	COUNTRY OF BIRTH	SEX	Religion	Baptized	First Communion	Confirmed	Sat 6 pm	Sun 7 am	Sun 9 am
First Name _____										
			<input type="checkbox"/> M <input type="checkbox"/> F		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's Name _____										
			<input type="checkbox"/> M <input type="checkbox"/> F		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's First Names (under 18 years old) Please include last names if different from yours										
			<input type="checkbox"/> M <input type="checkbox"/> F		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARITAL STATUS: ☐ Single ☐ Widowed ☐ Divorced ☐ Married Date _____ By a Roman Catholic Priest? ☐ Yes ☐ No

Your Occupation: _____ Where Employed: _____ Tel. No.: _____

Spouse's Occupation: _____ Where Employed: _____ Tel. No.: _____

Is there a Shut-In at home who needs Communion? ☐ Yes ☐ No Anyone handicapped in the family home? ☐ Yes ☐ No Registration Date: _____

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Please indicate in which Ministry you would like to serve

- ☐ Adoration of the Blessed Sacrament
- ☐ Aids Ministry
- ☐ Altar Server
- ☐ Altar Guild/Decorator
- ☐ Beautification Committee
- ☐ Bible Study
- ☐ Catholic Women's League
- ☐ Eucharistic Ministers Hospitality Committee
- ☐ Lectors
- ☐ Legion of Mary
- ☐ Men's Fellowship Music Ministry
- ☐ Outreach Ministry
- ☐ Prayer Group - Charismatic
- ☐ Prison Ministry - Male and Female
- ☐ Rite of Christian initiation of Adults
- ☐ St. Vincent de Paul
- ☐ Stella Mans Foundation
- ☐ Street People Ministry
- ☐ Sunday School
- ☐ Ushers
- ☐ Youth Ministry/Young Adults

1. How long have you been attending Mass at Stella Maris? _____

2. What prompted you to register? _____

3. What talent do you have to snare with the parish? _____

4. Would you be available to help if called upon? _____