## SAINT JOHN MARON CHURCH - MARONITE CATHOLIC

## PARISH CENSUS

## 1- PERSONAL INFORMATION: Mailing Address: City, State, Zip: Full Name: Maiden Name: Full Name: Date of Birth: Cell Phone #: Date of Birth: Cell Phone #: Occupation: Occupation: Business Phone #: \_\_\_\_ Business Phone #: Email Address: Email Address: Rite\*: ☐ Marriage Catholic ☐ Marriage Non-Catholic ☐ Single Separated MARITAL STATUS: ☐ Divorced 2- FAMILY MEMBERS: Other Adult Child Child Child Child Name Birth Date [mm/dd/yy] ☐ Male ☐ Female ☐ Male ☐ Female Gender ☐ Male ☐ Female ☐ Male ☐ Female **School Grade Level / College** Rite\* **Church Sacraments Received: Baptized** Confirmation 1st Penance 1st Communion 3- MINISTRIES / EXPERTISES: Please list any area(s) that you are able & willing to assist the parish [Deacon, Reader, Choir, Religion Education,

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CHURCH ENVELOPE #

An envelope Number is assigned to you. It is highly recommended to use Church envelopes to assist in Church planning.

2040 Wehrle Drive, Williamsville, NY 14221, Ph: 716-634-0669 THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED CONFIDENTIALLY WITHIN THE CHURCH.