

Saint Joseph
1747 Lake Avenue
Wilmette, Illinois 60091

Parish Census

(For Office Use Only)
Family ID #
Date:

Adult #1 Name: _____ **Gender:** M or F **Birth Date:** _____

Address: _____

Phone #1: _____ **Phone #2:** _____ **E-mail:** _____

Occupation _____ **Status:** full-time, part-time, retired, student

Religion: Catholic or Non-Catholic **Marital Status:** Married, Single, Widowed, Separated, Divorced

Baptism: Yes or No **First Communion:** Yes or No **Confirmation:** Yes or No

Adult #2 Name: _____ **Gender:** M or F **Birth Date:** _____

Address: _____

Phone #1: _____ **Phone #2:** _____ **E-mail:** _____

Occupation _____ **Status:** full-time, part-time, retired, student

Religion: Catholic or Non-Catholic **Marital Status:** Married, Single, Widowed, Separated, Divorced

Baptism: Yes or No **First Communion:** Yes or No **Confirmation:** Yes or No

Children Under 21 Living with You:

Child Name: _____ **Gender:** M or F **Birth Date:** _____

School: _____ **Grade:** _____

Baptism: Yes or No (date & location) _____

First Communion: Yes or No (date & location) _____

Confirmation: Yes or No (date & location) _____

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Child Name: _____ **Gender:** M or F **Birth Date:** _____

School: _____ **Grade:** _____

Baptism: Yes or No (date & location) _____

First Communion: Yes or No (date & location) _____

Confirmation: Yes or No (date & location) _____

Child Name: _____ **Gender:** M or F **Birth Date:** _____

School: _____ **Grade:** _____

Baptism: Yes or No (date & location) _____

First Communion: Yes or No (date & location) _____

Confirmation: Yes or No (date & location) _____

Child Name: _____ **Gender:** M or F **Birth Date:** _____

School: _____ **Grade:** _____

Baptism: Yes or No (date & location) _____

First Communion: Yes or No (date & location) _____

Confirmation: Yes or No (date & location) _____

Child Name: _____ **Gender:** M or F **Birth Date:** _____

School: _____ **Grade:** _____

Baptism: Yes or No (date & location) _____

First Communion: Yes or No (date & location) _____

Confirmation: Yes or No (date & location) _____

Have any family members served other parishes in a volunteer role? If so, please elaborate:

Do any family members have hobbies, special interests or talents they wish to share at Saint Joseph Parish? If so, please elaborate:

Are any family members currently involved in any parish organization? If so, please elaborate:

Are any family members interested in participating in our parish committees or activities? If so, please elaborate:

Would you like a member of our parish staff to contact you regarding spiritual, emotional or material support?

Please add additional information that you would like to share: