## St. James Catholic Church - Parish Census

October 2018

Family Name:				il: ***	Registration Code:					
Home Pho	one:			Mobi	le Phone:			Registration No.	:	
Title: N	/Ir. & Mrs.							Registration Dat	e:	
Name by	which you	and your spouse p	refer lo be c	alled:						(Office Use Only)
								GA		
	Street		Apart. No.	Sub-E	Division/Apartme	ent Complex	City	State	ZIP	
Mailing										
Address	Street		Apart. No.	Sub-E	Division/Apartme	ent Complex	City	State	ZIP	
		Head of Household	d Spouse		*Child 1	Child 2	Child 3	Child 4		Child 5
First name	1									
Middle (Ma	aiden) Name									
Last Name	•									
Sex										
Religion										
Marital Sta	itus(M.D.S.W	.)								
Married Si	nce									
Baptized y	<b>'</b> or <b>N</b>									
First Com	nunion Y or N	ı								
First Pena	nce Y or N									
Confirmed	Y or N									
Birth Date			ı							
Student ( )	or <b>N</b>									
Present G	rade									
Name of S	chool									
Occupation	n									
Work Phor	ne									
Home Pho	ne									

Please take the time to fill out as completely as possible. List any special needs on the back.

Saint James Catholic Church 8412 Whitefield Avenue Savannah, Georgia 31406

<sup>\*</sup> List only dependent children living with you or away at school.

<sup>\*\*</sup> Indicate relationship to head of household

<sup>\*\*\*</sup> Please fill out the E-Mail address box if applicable. This will let us send you important notices, events, reminders, etc.

<sup>\*\*\*\*</sup> Homebound family member(s) if applicable: Name(s)

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Child 6	Child 7	Child 8	Child 9	Child 10	**Other	**Other
-						
-						
1						
-						

**Special Needs:**