



# Church Census IS NEEDED

*St. Francis Xavier Catholic Church*

## EVERYONE

*Needs to Complete  
the Census!*

**Members and Non-Members**

*Your information helps  
our parish grow!*

- ✚ Helps us plan for the future
- ✚ Keeps our parish records up to date
- ✚ Ensures you receive important church communications
- ✚ Supports our ministries and programs
- ✚ Builds a stronger faith community



**IT ONLY TAKES  
a few minutes!**



*Together we make our parish stronger,  
informed and united in Christ.*

## Thank you for your participation!

**Our Church**

**Our Family**

**Our Future**

# ST. FRANCIS XAVIER CENSUS FORM

Please complete one form per household. Information will be used only for church ministry, pastoral care, communication, and recordkeeping. Please print clearly and update the church office when household information changes.

## 1. Household Information

|                             |                                  |
|-----------------------------|----------------------------------|
| Primary Contact:            |                                  |
| Street Address:             |                                  |
| City:                       | State/ZIP:                       |
| Primary Phone:              | Alternate Phone:                 |
| Email Address:              |                                  |
| Env Number (if applicable): | Previous Church (if applicable): |

## 2. Household Members

| Full Name | Relationship | Date of Birth | Phone | Email |
|-----------|--------------|---------------|-------|-------|
|           |              |               |       |       |
|           |              |               |       |       |
|           |              |               |       |       |
|           |              |               |       |       |
|           |              |               |       |       |
|           |              |               |       |       |
|           |              |               |       |       |

## 3. Church Participation and Ministry

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Usual Mass: _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | Attendance (Circle One): Weekly / Monthly / Occasionally |
| Current Ministries or Groups:                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |
| Ministries of Interest:<br><input type="checkbox"/> Worship/Liturgy <input type="checkbox"/> Music/Choir <input type="checkbox"/> Christian Education <input type="checkbox"/> Children/Youth <input type="checkbox"/> Outreach/Missions <input type="checkbox"/> Hospitality<br><input type="checkbox"/> Prayer Ministry <input type="checkbox"/> Administration <input type="checkbox"/> Facilities/Grounds <input type="checkbox"/> Other: _____ |                                                          |
| Skills, Gifts, or Interests You Would Like to Share:                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |

## 4. Pastoral Care and Special Needs

|                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|
| Does anyone in the household need a pastoral visit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Best contact: _____ |
|-------------------------------------------------------------------------------------------------------------------------------------|

## 6. Certification

I certify that the information provided is accurate to the best of my knowledge and authorize the church to use it for ministry and administrative purposes consistent with its privacy practices.

|                            |                                                                               |
|----------------------------|-------------------------------------------------------------------------------|
| Signature: _____           | Date: _____                                                                   |
| For Church Office Use Only |                                                                               |
| Date Received:             | Entered/Updated By:                                                           |
| New Member ID:             | Follow-Up Needed:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |