

Holy Cross Catholic Church

921 W. Vine St. PO Box 624
Sheridan, AR 72150

PLEASE PRINT

Answers are Confidential

Parish Census/Registration Form

HEAD OF HOUSEHOLD

Dr. Mr, Mrs, Ms _____

Full Name

Address _____

City _____ Zip Code _____

Date of Birth _____ Religion _____

Occupation _____ Place Of Employment _____

Talents _____ Email Address _____

Home Phone _____ Work Phone _____ Cell _____

Baptized	Y	N
1st Communion	Y	N
Confirmation	Y	N
Married By Priest	Y	N
Previous Marriage	Y	N
Practicing Catholic?	Y	N

SPOUSE

Dr. Mr, Mrs, Ms, _____

Full Name

Date of Birth _____ Religion _____

Occupation _____ Place Of Employment _____

Talents _____ Email Address _____

Home Phone _____ Work Phone _____ Cell _____

Baptized	Y	N
1st Communion	Y	N
Confirmation	Y	N
Married By Priest	Y	N
Previous Marriage	Y	N
Practicing Catholic?	Y	N

CHILDREN (at home)	Sex	Birth Date	Baptized? (if yes date) Y N	1st Comm.? (if yes date) Y N	Confirmed? (if yes date) Y N	Practicing Catholic? Y N	Age /Grade
Full Name	M/F	MM/DD/YY					

Marital Status: Date Of Marriage _____ Previously Married? Y N

Single _____ Widowed _____ Separated _____ Annulment (in process) (previously granted)

Divorced _____ Man Y N Y N

Woman Y N Y N

I Pledge to Return To God a Share Of His Gifts.

Signed: _____ Date _____