

**CONFIDENTIAL CENSUS/REGISTRATION INFORMATION**



**HOLY CROSS**  
ROMAN CATHOLIC CHURCH

221 Plumtree Road  
Springfield, MA 01118  
(413) 783-4111

**PLEASE PRINT CLEARLY**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Form submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Religion: \_\_\_\_\_

Sacraments: Have You Received.....      Baptism – Yes / No      First Communion – Yes / No      Confirmation – Yes / No

Marital Status (*Please check appropriate*): Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Annulled: \_\_\_\_\_ Widowed: \_\_\_\_\_

Phone Numbers – Mobile: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Married:    Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Married by Priest: Y / N    Church: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_

**MORE ON SECOND PAGE** 

**2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Religion: \_\_\_\_\_

Sacraments: Have You Received.... Baptism - Yes / No First Communion – Yes / No Confirmation – Yes / No

Marital Status (*Please check appropriate*): Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Annulled: \_\_\_\_\_ Widowed: \_\_\_\_\_

Phone Numbers – Mobile: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_ X \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Please note**, those who have received confirmation are now considered adults in our Church and must fill out their own registration form, even if they are still living in the same house and are listed below. **Please list all other members of your household below.**

	Name	Relationship	Date of Birth	Baptized?	1 <sup>st</sup> Communion?	Confirmation?	Occupation
3				Y / N	Y / N	Y / N	
4				Y / N	Y / N	Y / N	
5				Y / N	Y / N	Y / N	
6				Y / N	Y / N	Y / N	
7				Y / N	Y / N	Y / N	

***\*Additional forms are available at the rectory or [www.holycrossparish.org/census-registration](http://www.holycrossparish.org/census-registration) if more space is needed\****

Mailings should be addressed with... (*please circle one*) Mr. and Mrs. - Mrs. - Mr. - Miss - Ms. - Other: \_\_\_\_\_

Is there something the parish could do to serve you better? \_\_\_\_\_

Please check preference: Donations online (e-giving) \_\_\_\_\_ or Envelopes \_\_\_\_\_ ENVELOPE NUMBER: \_\_\_\_\_