

CHRIST OUR SAVIOR PARISH 764 Fifth Street, Struthers, OH 44471 ☎ 330 755 9819 ☎ 330 755 9949 e-mail: cosparishstruthers@gmail.com	PARISH CENSUS & REGISTRATION FORM	Date Completed:	<i>For Office use only:</i>
		_____ _____ <i>New Member</i> _____ <i>Updating Info</i>	<i>Church Windows</i> _____ <i>Fr. Martin</i> _____ <i>Deacon. John</i> _____ <i>Rel. Ed.</i> _____ <i>CB</i> _____

IMPORTANT: THE INFORMATION YOU PROVIDE WILL BE FOR CHURCH USE ONLY

Please **PRINT** providing full names and complete as many dates as you can.
 Please complete page 2 for *Dependent children living in Household.*

Salutation (Mr. & Mrs./Mr./ Mrs./ Miss/ etc.) and FAMILY NAME	ENVELOPE NUMBER
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PHYSICAL & MAILING ADDRESS/ APARTMENT NO.	MAILING ADDRESS (if different)
City/State/ Zip	City/State/ Zip

E-mail address:	Cell Phone: ()	UNLISTED Y <input type="checkbox"/> N <input type="checkbox"/>
Home Phone : ()	Work Phone: ()	UNLISTED Y <input type="checkbox"/> N <input type="checkbox"/>

Marital Status: Single Married Separated Divorced Widowed

Married by (if married) Catholic Priest Minister Judge

Date of Marriage: _____ **Place of Marriage:** _____

Mass Attendance: Daily Weekly Monthly Holidays

Please Complete for Both (if any)	HEAD OF HOUSEHOLD	SPOUSE/...
First Name		
Middle Name		
Last or Maiden Name		
Gender (Male or Female)		
Date of Birth (mm/dd/yyyy)		
Place of Birth		
Baptized (if Yes – DATE)		
Church of Baptism		
Reconciliation (if Yes - DATE)		
First Communion (if Yes - DATE)		
Confirmation (if Yes - DATE)		
Occupation (indicate if retired)		
Occupational Skills/Talents <i>(willing to offer to the parish)</i>		
Special Needs (if any)		

Please List Previous Parish (if any) - <i>(Parish Name and Address)</i>	
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CENSUS REGISTRATION FORM FOR DEPENDENT CHILDREN LIVING IN HOUSEHOLD

If there are more than 3 children, please request additional form or make a copy.

Children over age of 21 should register separately

	First Child	Second Child	Third Child
First Name			
Middle Name			
Last Name			
Gender (Male or Female)			
Place of Birth			
Date of Birth (mm/dd/yyyy)			
Baptized (Date)			
Place of Baptism			
Reconciliation (Date)			
First Communion (Date)			
Confirmation (Date)			
School Attending			
Current Grade			
Special Needs (if any)			
Religious Education at:			

INDICATE INTEREST IN SERVING YOUR PARISH

Circle all that applies

Altar /Rosary Society	Church Cleaning	Festival Help	Nursing Home/Hospital Visits	St. Vincent DePaul Kitchen
Altar Server	Church Decoration	Finance Council	Parish Council	Young Adult Group
Bereavement	Crochet / Knitting	Greeter/Usher	Parish Life	Youth Ministry
Bible Study	Distributor of Holy Communion	Holy Name Society	RCIA team	
Bingo	Eucharistic Adoration	Lector	Religious Education of Children	
Choir	Facility Maintenance	Liturgy of the Word with Children	Stuffing Bulletins	

THIS FORM IS ALSO AVAILABLE AT: www.cosparish.org

IMPORTANT NOTE REGARDING YOUR PARISH RECORDS

As changes occur in your family that affect the information you have provided on this form, please let us know so that we may keep your records complete and up to date.