

Infant Jesus of Prague 2009 Parish Census 1131 Douglas Avenue, Flossmoor, IL 60422 Ph 708-799-5400 www.ijpparish.org

Please send completed Census Form back to IJP (Call the Parish Office at 799-5400 if you have any questions)

Email to: census@ijpparish.org **Fax** to: 708-799-5462, **Mail** to: IJP Parish, 1131 Douglas Ave, Flossmoor, IL 60422 or **Drop** in Offertory Basket.

Male Head of Household <i>Please print</i>	
Last Name:	First Name:
Title (e.g. Mr. Dr.):	Cell Phone:
Birth Date:	
Occupation:	Able to share professional talents with Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity:	Religion:
Sacraments: Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 st Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Female Head of Household	
Last Name:	First Name:
Title (e.g. Mrs. Ms. Dr.):	Maiden Name: Cell Phone:
Birth Date:	
Occupation:	Able to share professional talents with Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity:	Religion:
Sacraments: Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 st Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Married <input type="checkbox"/> Yes <input type="checkbox"/> No In Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No Other:	
Marital Status (check): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed	
Name formats (2) used in parish mailings <i>(please indicate name formats you would like us to use for parish mailings)</i>	
1. Formal Mailing Name <i>e.g. [Mr. & Mrs. Robert Smith] [Mrs. Janice Jones]:</i>	
2. Informal First Names <i>e.g. [Bob & Mary] [Jan]:</i>	
FAMILY INFO Street Address:	
City / State / Zip:	
Home Phone: ()	Unlisted # <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Email Address(es):	
Family Mailing Address (If different than street address above):	

Please turn over for Family Information

- OVER -

FAMILY MEMBER INFO PLEASE PROVIDE THE FOLLOWING INFORMATION INCLUDING SACRAMENTAL INFORMATION

Children at home First Name	Last Name (If different)	Sex M/F	Birth Date M/D/YR	Relationship (e.g. son, daughter, niece)	Religion	Baptized Yes/No	1 st Comm Yes/No	Confirm Yes/No	Attend Relig Ed Yes/No	Name of School Attending:
1.										
2.										
3.										
4.										
5.										
6.										
7.										

OTHERS AT HOME e.g. adult children, grandparents	First Name	Last Name	Sex M/ F	Birth Date	Relationship	School/College/Occupation	

MINSTRIES / TALENTS / SPECIAL NEEDS PLEASE PROVIDE PERTINANT INFORMATION ABOUT MEMBERS OF FAMILY

First Name	List all Parish Ministries/Groups actively involved in	Skills/Talents you might share with our parish	Special Needs

Comments:

Thank you for taking the time to complete and return this census form. **This information is confidential and for pastoral use only.**