



AMDG

ST. PATRICK CATHOLIC CHURCH

Fredericksburg, VA

PARISH CENSUS 2011

Dear Parishioners:

As our parish continues to grow and expand we are in constant need of updating our Parish Records to keep them as accurate as possible. Please fill out this form to the best of your ability. If you have any questions regarding this form, please call the parish office 540-785-5299 or email your question to office@saintpatrickparish.org Thank you for your cooperation.

In Christ,
Fr. John A. Ziegler, Pastor

Family Name (Print): _____

Mailing Address: _____

Street Address (if different) _____

City: _____ **State :** _____ **ZIP:** _____

Phone Number: (____) _____ **Unlisted:** Yes No

Email address: _____

FAMILY INFORMATION

Parish ID Number : _____ **Year Joined Parish:** _____

Mass Attendance: Daily Weekly Monthly Other: _____
 Regular Mass Attendance (Circle One) : Sat. Vigil 7:30am 9am 10:30 12n 1:30pm 5pm

Contributions: Envelopes Faith Direct, Inc. Other: _____

LAST Name	FIRST Name	M / F	Date of Birth MM/DD/YY	Religion	Mass Attendance Y/N	Date of Baptism Church of Baptism <i>if possible</i>	First Communion Y/N and Date	Confirmation Y/N and Date	Occupation (If retired please indicate former occupation)
	MIDDLE Name								
Head of Household			/ /						
Spouse			/ /						

Marital Status: Married by Catholic Priest/ Deacon -- Church of Marriage: _____
 Married in Civil Ceremony Married outside the Catholic Faith
 Widow/Widower Divorced Single

CHILDREN (Under 21)

Additional children / Others in the House – SEE BACK OF FORM

LAST Name and Status: i.e. Young Adult / Parent / Child	FIRST Name MIDDLE Name	M / F	Date of Birth MM/DD/YY	Religion	Mass Attendance Y/N	Date of Baptism and Church of Baptism <i>if possible</i>	First Communion Y/N and Date	Confirmation Y/N and Date	Education Level/ Location of School
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						

Additional Family Members (if additional space is needed please attach another sheet of paper)

LAST Name and Status: i.e. Young Adult / Parent / Child	FIRST Name MIDDLE Name	M / F	Date of Birth MM/DD/YY	Religion	Mass Attendance Y/N	Date of Baptism and Church of Baptism <i>if possible</i>	First Communion Y/N and Date	Confirmation Y/N and Date	Education Level/ Location of School
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Please place a check mark [] next to the apostolate that you and/or your family are interested in or in which you are already active.
A member of that parish group will be contacting you.

- Liturgical**
- Active Interested
- Altar Boys
- Altar & Rosary Society
- Ushers

- Music Program**
- Active Interested
- Adult Choir -10:30am
- Adult Choir - 5:00pm
- Children's Choir
- Instrumentalist
- Cantor
- Schola
- Psalm 23 Choir
(assist at Funerals)

- Youth**
- Active Interested
- St. Patrick School
- Religious Ed. Program
- CYO High School Program
- Boy Scouts
- Cub Scouts
- Homeschool Group

- Religious Education**
- Active Interested
- RCIA (Adult)
- Bible Study
- Book Study

- Parish Organizations**
- Active Interested
- 3rd Order Carmelites
- Divine Mercy Apostolate
- Knights of Columbus
- Ladies Auxiliary
- Legion of Mary
- Our Lady of the Rosary Prayer Group
- Servants for Seniors

- Volunteer Opportunities**
- Active Interested
- Gift Card Sales
- Church Landscaping
- CCD Teacher/Aide

Other: _____

Family Special Needs

(i.e: Homebound, Annulment, House Blessing, etc.): _____

OFFICE USE ONLY

Date _____ Parish ID number _____ Verified by: _____

Registration : New: _____ Updated: _____ Other: _____