

# St. Bonaventure Parish

803 State Road, P. O. Box 996, Manomet, MA 02345-0996  
 Telephone ~ 508-224-3636 ... Fax ~ 508-224-5889 ... Email ~ stbonoffice1@verizon.net

## Family Registration/Census Form

Please Print

Today's Date: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

	<i>Husband</i>	<i>Wife</i>
<b>Name (first, middle, last &amp; maiden name):</b>		
<b>Date of birth:</b>		
<b>Level of education:</b>	<input type="checkbox"/> High School <input type="checkbox"/> College Degree <input type="checkbox"/> Some College	<input type="checkbox"/> High School <input type="checkbox"/> College Degree <input type="checkbox"/> Some College
<b>Occupation:</b>		
<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Married in a Catholic Ceremony	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Married in a Catholic Ceremony
<b>Baptism:</b>	<input type="checkbox"/> Catholic <input type="checkbox"/> Other <input type="checkbox"/> Not Baptized	<input type="checkbox"/> Catholic <input type="checkbox"/> Other <input type="checkbox"/> Not Baptized
<b>First Communion:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Confirmation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mass Attendance:</b>	<input type="checkbox"/> Regularly <input type="checkbox"/> Seldom	<input type="checkbox"/> Regularly <input type="checkbox"/> Seldom
Do you wish to have contribution envelopes mailed to your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Children Living at Home

	<i>Child 1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>	<i>Child 5</i>
<b>Name:</b> (first, middle, last)					
<b>Male or Female:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Date of birth:</b>					
<b>Baptism:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>First Communion:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Confirmation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*More children? Please complete a second Family Registration Form & staple both forms together. Thanks.*