

ST. FRANCIS PARISH

Parishioner Census Form

Constituent #

Blackbaud

Family Last Name _____

Married
Single
Widow(er)

Address: _____

City/State/Zip: _____

Telephone Information

Home: _____ Business: _____ Cell: _____ Other: _____

* Please Note Alternate Addresses In Comments On Reverse Side

Head of Household/Single

Date of Birth

Full Name: _____

Spouse:

Full Name _____

Maiden Name _____

Children:

Full Name _____

Full Name _____

Full Name _____

* Please Note Any Additional Names On Reverse Side

Other Adults In Household

Date of Birth

Full Name _____

Relationship _____

Mailing Instructions

Where would you like your mail delivered Home Other

Other Address

Are you currently receiving offering envelopes Yes No

If yes, do you want to continue receiving them Yes No

Would you like to receive offering envelopes Yes No

All Information is Confidential
St. Francis Catholic Church
Can Not Be Distributed or Duplicated

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ADDITIONAL INFORMATION

MINISTRY AREAS LIST INVOLVMENT / NEED MORE INFORMATION

COMMENTS

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