

Immaculate Conception Parish Census Form



Dear Friend,

We welcome you to Immaculate Conception Catholic Parish.

We hope that you find here a family of friends who can be your companions in our common journey to follow the Lord.

A parish is only as alive as the members make it.

We feel that you will find much that is beautiful and loving in our parish life. We look forward to being enriched by your presence and your gifts.

If you have any questions about this form or about the parish, please call the rectory at 452-3533 .

When completed simply click **SEND** button.

Thank you for joining our parish.

Fr Mirek Woznica

IMMACULATE CONCEPTION CATHOLIC PARISH

115 North Cushman Street, Fairbanks, AK 99701

Ph. (907) 452-3533 Fax (907) 456-3336 E-mail:icc@alaska.net

(All information provided will be kept confidential)

Family Name:

Street Address: PO Box

Apt.# or Floor:

City: Zip:

E-mail:

Telephone: Day: Evening: Cell:

When did you move to this area?

ADULT

DATE OF BIRTH

First Middle (Maiden)

Status: Single Married Divorced Widow(er) Cath. Non-Cath

Occupation

Married in Catholic Church

Ecumenical Service

Other

Baptized

Communion

Confirmed

ADULT

DATE OF BIRTH

First Middle (Maiden)

Status: Single

Married

Divorced

Widow(er)

Cath.

Non-Cath

Occupation

Married in Catholic Church

Ecumenical Service

Other

Baptized

Communion

Confirmed

CHILDREN AT HOME

| | <i>Name</i> | <i>Date of Birth</i> | <i>Bapt</i> | <i>Comm</i> | <i>Conf</i> | <i>Grade</i> |
|----|---|----------------------|--------------------------|--------------------------|--------------------------|----------------------|
| | <i>First Middle (Family if different)</i> | | | | | |
| 1. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 7. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 8. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

OTHER ADULTS

NAME

Date of Birth

Relationship to family

Occupation

Baptized

Communion

Confirmed

SPECIAL NEEDS

Are there any special needs in your family (e.g. sick, confined to home)? Yes No

Please specify

FOR NON CATHOLICS

Would you like to know more about the Catholic Church?

Yes

No

PARISH SUPPORT Do you wish to receive parish envelopes?

Yes

No

- Language spoken in home other than English:

- Please list any talents, skills or interests you would be willing to share with your Parish Family:

TODAY'S DATE

Send Form
