

***St. Teresa Parish***

1201 Lebanon Avenue  
Belleville, IL 62221  
(618) 233-3500

**CENSUS FORM**

Date Completed: \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**HEAD OF HOUSEHOLD** \_\_\_\_\_

Last First Middle  
Religion \_\_\_\_\_ Birthday \_\_\_\_\_  
Baptized \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmed \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Telephone \_\_\_\_\_  
Home Cell Email  
*Please check here if you do not want your number released; ie. Parish Directory* \_\_\_\_\_

**SPOUSE** \_\_\_\_\_

Last First Middle  
Religion \_\_\_\_\_ Birthday \_\_\_\_\_  
Baptized \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmed \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Telephone \_\_\_\_\_  
Home Cell Email  
*Please check here if you do not want your number released; ie. Parish Directory* \_\_\_\_\_

**DATE MARRIED** \_\_\_\_\_ **WIFE'S MAIDEN NAME** \_\_\_\_\_

***Underage Children Living @ Home***  
***(Adult Children Living @ Home Should Complete Their Own Census Form)***

CHILD'S NAME \_\_\_\_\_  
Last First Middle

Religion \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmed \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
Last First Middle

Religion \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmed \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
Last First Middle

Religion \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmed \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
Last First Middle

Religion \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmed \_\_\_\_\_

**Mass you, your spouse and/or family normally attend and would volunteer for:** \_\_\_\_\_

**Please list your name and/or the names of any member of your family next to the appropriate area:**

Lector \_\_\_\_\_ Eucharistic Minister \_\_\_\_\_

Server \_\_\_\_\_ Usher/Greeter \_\_\_\_\_

Choirs \_\_\_\_\_ Gift Bearers \_\_\_\_\_

**Do you have any health concerns or special needs that the Pastor should be aware of?** Yes ( ) No ( )

If so, please explain: \_\_\_\_\_

**Are you in need of Holy Communion brought to your home?** Yes ( ) No ( )

**Is there any other information you would like to share?** \_\_\_\_\_