



**ST. MARY OF THE IMMACULATE CONCEPTION  
GREENVILLE, WISCONSIN  
MEMBERSHIP CENSUS**

**PLEASE PRINT**

Family Name-**LAST NAME ONLY**

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Date Family Joined Parish \_\_\_\_\_

Parish Belonged to Previously \_\_\_\_\_

**Adult 1**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptized: Church \_\_\_\_\_

Religion: \_\_\_\_\_

Confirmed: Church \_\_\_\_\_

If not Catholic, would you like to be considered for RCIA? Yes No

Education: High School \_\_\_\_\_years Business & Voc \_\_\_\_\_ College \_\_\_\_\_

Occupations: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Adult 2**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptized: Church \_\_\_\_\_

Religion: \_\_\_\_\_

Confirmed: Church \_\_\_\_\_

If not Catholic, would you like to be considered for RCIA? Yes No

Education: High School \_\_\_\_\_years Business & Voc \_\_\_\_\_ College \_\_\_\_\_

Occupations: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Marital Status: Single Married Widow/er Separated Divorced Not Married  
(circle one)

Date of Marriage: \_\_\_\_\_ Married by Priest: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
Church City/State

**(Please Complete the Reverse)**

**CHILD 1**

First Name	Middle Name	Last Name
Date of Birth	Grade in School	School Attending
Yes No	Yes No	Yes No
Baptized Church	First Eucharist Church	Confirmed Church



**CHILD 2**

First Name	Middle Name	Last Name
Date of Birth	Grade in School	School Attending
Yes No	Yes No	Yes No
Baptized Church	First Eucharist Church	Confirmed Church



**CHILD 3**

First Name	Middle Name	Last Name
Date of Birth	Grade in School	School Attending
Yes No	Yes No	Yes No
Baptized Church	First Eucharist Church	Confirmed Church



**CHILD 4**

First Name	Middle Name	Last Name
Date of Birth	Grade in School	School Attending
Yes No	Yes No	Yes No
Baptized Church	First Eucharist Church	Confirmed Church



**CHILD 5**

First Name	Middle Name	Last Name
Date of Birth	Grade in School	School Attending
Yes No	Yes No	Yes No
Baptized Church	First Eucharist Church	Confirmed Church



Does any member of your family have any handicaps or special needs? \_\_\_\_\_

\_\_\_\_\_

Additional information about your family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_