



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

For Office Use Only:  
Family #: \_\_\_\_\_  
Parishsoft: \_\_\_\_\_  
Envelopes: \_\_\_\_\_

**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 \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

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

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

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

If not Catholic, would you like to be considered for RCIA?

Yes No

Education:

High School \_\_\_\_\_ years

Business & Voc \_\_\_\_\_ College \_\_\_\_\_

Occupation: \_\_\_\_\_

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

**Adult 2**

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

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

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

Maiden Name: \_\_\_\_\_

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

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

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

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

If not Catholic, would you like to be considered for RCIA?

Yes No

Education:

High School \_\_\_\_\_ years

Business & Voc \_\_\_\_\_ College \_\_\_\_\_

Occupation: \_\_\_\_\_

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 Side)**

**CHILD 1**

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



**CHILD 2**

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



**CHILD 3**

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



**CHILD 4**

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



**CHILD 5**

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



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

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