



# Confidential Census Form for St. James Catholic Church

27 Allen Street, Jamestown, NY (716) 487-0125

**Please complete & return to the Rectory office or place in collection basket.**

Husband Last Name	Husband First Name	Religion	Husband Birth Date	Occupation	___ Married	Were You Married by a Catholic Priest or Deacon? ___ Yes ___ No
					___ Single	If No, would you be interested in discussing this? ___ Yes ___ No
Wife Last Name	Wife First Name	Religion	Wife Birth Date	Occupation	___ Widowed	Place & Date of Marriage
	Maiden Name				___ Divorced	
Address			City	State	Zip	
Phone (Home)	Phone (Work) His  Hers	Phone (Cell) His  Hers	E Mail Addresses His  Hers			

(Please use back of page for additional children)

**\*\* Please ✓ check sacraments children have received**

Children - Full Name	Sex M/F	Birth Date	Grade & School Attending	Baptism	First Communion	First Penance	Confirmation
How long have you been attending St. James Church?	Do you wish to receive Church Support envelopes?  ___ Yes ___ No		Do you wish to be involved in a parish ministry?  Interests:		Questions/ Comments: Please use back of page for more comments.		