

ST. MARY OF THE LAKE + NEW BUFFALO, MICHIGAN
MEMBERSHIP CENSUS

FAMILY NAME _____

Date _____ Address _____

Home Phone _____

What parish were you last registered in? _____

Date of Wedding _____ Place of Wedding _____

(Church, Court, or other place)

City and State _____
Yes When? _____

If the wedding was not in a Catholic church, was the
marriage recognized by the Church? ____ No
Where? _____

Husband/single man/widower (Circle One) Wife/single woman/widow

Name _____

Name _____

Nickname _____

Nickname _____

Maiden Name _____

Birth Date _____

Birth Date _____

Religion _____

Religion _____

Church of Baptism _____

Church of Baptism _____

City _____ State _____

City _____ State _____

Church of Confirmation _____

Church of Confirmation _____

City _____ State _____

City _____ State _____

Occupation _____

Occupation _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Please check if the following applies to any of the persons listed anywhere on this form:

_____ Homebound: (name) _____

_____ Has special needs: (name) _____

_____ In nursing home/assisted living: (name) _____

_____ I have a special concern or need; please have Father contact me: (name) _____

Please list all dependent children on the other side (attach extra page if necessary)