

NOTRE DAME CATHOLIC CHURCH
7720 BOONE ROAD HOUSTON, TX 77072

NEW PARISHIONER

Date: _____

Census Update

ID # _____

LAST NAME: _____ **FIRST NAME:** _____ **SPOUSE:** _____

ADDRESS: _____ **CITY:** _____ **TEXAS, ZIP:** _____

TELEPHONE: _____ **UNLISTED:** _____ **YES** _____ **NO**

EMAIL: _____

NAME OF SUBDIVISION OR APARTMENT COMPLEX: _____

NUMBER CHILDREN AT HOME: _____

MARITAL STATUS:

married by a Catholic priest. married by a civil official.

married by a non-Catholic minister. single. divorced.

separated. widowed.

M/M MR. MRS.

MS. MISS DR.

FIRST NAME/LAST NAME	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH	OCCUPATION	BAPTISED	COMM-UNION	CONFIR-MATION	ETHNIC ORIGIN	GRADE/DEGREE
HEAD OF HOUSE			M/D/Y							
SPOUSE										
CHILDREN										

Church Support: Monthly Envelope

Is there anyone in your home that is unable to attend Church because of age, illness, or handicap?

Yes ___ No ___

Which of the following parish activities are you, your spouse or a member of your family interested in?

EUCHARISTIC MINISTER ___ LECTOR ___ USHER ___ CCE TEACHER ___ ALTAR SERVER ___

CHOIR ___ YOUNG ADULT MINISTRY ___ YOUTH MINISTRY ___ ALTAR/LINEN CLEANING ___ OTHER ___

Please drop completed form in the collection basket or return to the church office.

