

Head of Household _____
 Last _____ First _____ MI _____

ARCHDIOCESE OF GALVESTON-HOUSTON • St Philip the Apostle Census Form

Please print legibly in black ink. Deposit in collection basket or parish office.

Today's Date : ____ / ____ / ____

Street Address _____ Apt No. _____ PO Box _____
 City _____ ZIP _____ State _____ E-Mail _____
 Home Phone _____ Work Phone _____ Cell Phone: _____

Adults in Household	Birth Date	Marital Status	Religion	Year Baptized	1 st Communion Yes/No	Confirmation Yes/No	Married by Priest /Deacon Yes/No	Occupation
Head:								
Spouse:								
Children in Household	Birth Date	Sex M/F	Religion	Year Baptized	1 st Communion Yes/No	Confirmation Yes/No	Education Grade/CCE	Name of School Now Attending

- Do you receive the Texas Catholic Herald? Yes No
- Would you prefer to use parish contribution envelopes? Yes No
- Name / Address of previous parish _____
- Which parish ministries and/or groups would you like to contact you? _____
- Are there persons of your household with special need? If so please describe _____

Indicate on the reverse of this form the Ministries that are of interest to you and/or members of your family.

St Philip the Apostle Ministry

MINISTRIES **A** = currently active **I** = interested **Blank Space** = no interest

Liturgical Ministries:

- Greeter _____ Usher _____ Lector _____ Extra Ordinary Minister of Communion _____
Money Counter _____ Music _____ Altar Server _____

Social Ministries:

- Eucharistic Adoration- _____ Prayer Chain _____ Knights of Columbus _____
Woman's Guild _____ Serra Club _____ Respect Life _____
Cursillo Comm. _____
- St. Vincent de Paul _____ RCIA _____ Youth Ministry _____ Nursery _____
CCE Teacher _____ CCE Aide _____ CCE Office help _____ Grief _____

Parish Planning

- Finance _____ Physical Plant _____ Parish Services _____
- Other(s) _____
Please Name _____