

**St. Peter Catholic Church
Slinger, Wisconsin**

Membership Census
For all families and all persons 18 of age and older

FAMILY NAME _____

(Circle One:)

Husband / Single Man / Widower

(Circle One:)

Wife / Single Women / Widow

Name _____

Name _____ Maiden _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Personal E-mail address _____

Personal E-mail address _____

Telephone Number _____

Telephone Number _____

Birthdate ____ / ____ / ____
Month Day Year

Birthdate ____ / ____ / ____
Month Day Year

Religion _____

Religion _____

Please include city and state for churches

Church of Baptism _____

Church of Baptism _____

Church of Confirmation _____

Church of Confirmation _____

Church of Marriage _____

Church of Marriage _____

Occupation _____

Occupation _____

Please list all children less than 18 years of age and living at home (attach extra page if necessary)

(Persons who are 18 years and older living at home should submit their own census form)

Include city and state of churches

Name _____
First Initial Nickname

Name _____
First Initial Nickname

Birthdate ____ / ____ / ____
Month Day Year

Birthdate ____ / ____ / ____
Month Day Year

Church of Baptism _____

Church of Baptism _____

First Communion _____

First Communion _____

Confirmation: _____

Confirmation: _____

School Attending _____

School Attending _____

Grade _____

Grade _____

Name _____
First Initial Nickname

Name _____
First Initial Nickname

Birthdate ____ / ____ / ____
Month Day Year

Birthdate ____ / ____ / ____
Month Day Year

Church of Baptism _____

Church of Baptism _____

First Communion _____

First Communion _____

Confirmation: _____

Confirmation: _____

School Attending _____

School Attending _____

Grade _____

Grade _____

Please check if the following applies to any person(s) listed above:

_____ Home bound: (name) _____

_____ Has special need: (name) _____

_____ In nursing home: (name) _____

_____ In assisted living facility: (name) _____

_____ I have a special concern or need, please have Fr. contact me _____

Parish Involvement

I would like to become involved in parish ministries or activities in the following area(s):

Name(s):

WORSHIP:

- Usher _____
- Greeter _____
- Lector _____
- Minister of Communion _____
- Liturgy Committee _____

MUSIC:

- Adult Choir _____
- Contemporary Music Ensemble _____
- Hand Bells _____
- Cantor/Song leader _____
- Musician _____

Musical Instrument: _____ for weekend _____ for weddings _____ for funerals

RELIGIOUS EDUCATION:

- Elementary Teacher _____ Middle School Teacher _____
- High School Teacher _____ Youth Activities Assistant _____

OUTREACH:

- Welcome New-comers _____
- Fellowship/Hospitality Committee _____
- Assist with funeral lunches _____ Day _____ Evening _____
- Prayer Line _____

SOCIAL CONCERNS:

- Human Concerns Committee/Health Care _____
- Bereavement Committee _____
- Right-to-Life Committee _____
- Evangelization _____

FAMILY LIFE:

- Marriage Preparation _____
- Boy/Girl Scout Leader _____
- RCIA / Adult Formation _____

MAINTENANCE:

- Buildings & Grounds/Cemetery Committees _____ Holy Dust Busters _____

ST. PETER SCHOOL:

- Development Committee _____ Playground Supervisor _____ SCRIP Program _____
- Technology Committee _____ Market Day Volunteer _____ Marketing _____

I am interested in joining the following parish organizations:

- Christian Women _____
- Legion of Mary _____
- Rosary Devotion _____ Communion to homebound _____ Eucharistic Adoration _____ Friends of Faith _____
- Ministry to handicapped _____ Visit unchurched and inactive _____
- Senior Citizens Social Group _____
- Knights of Columbus _____