

# SAINT JOSEPH

ROMAN CATHOLIC COMMUNITY

22 Halsted Street † Newton † NJ † 07860-2003

**973-383-1985**

(Fax) 383-8164

[www.stjosephnewton.org](http://www.stjosephnewton.org)



## PARISH CENSUS FORM

***Please note:** All the information gathered in this form will be held in strict confidentiality and will be used solely for the pastoral needs of the parish and not shared with any third party.*





# SAINT JOSEPH

## ROMAN CATHOLIC COMMUNITY

22 Halsted Street + Newton + New Jersey + 07860-2003 + 973-383-1985

October 2015

Dear Member of Saint Joseph Church:

Please find enclosed a copy of our NEW **Official Parish Census Form**. We would ask you to please take a few moments and completely fill out this form (to the best of your ability) whether you have been a member of the parish for a hundred years or just recently joined, so that you can be an **official part** of Saint Joseph Roman Catholic Church,

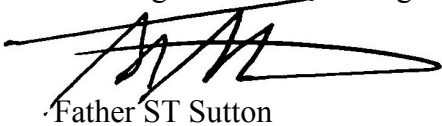
One of the most important ways of maintaining our “youthfulness” and continuing the vibrancy of our parish community is to have accurate records about our parishioners. While many of our parishioners have been with us for many years, some have moved away and new parishioners have recently become members of our parish family.

Therefore, it is **very important** that we have up to date and accurate information about you **and** your family. After completing this form, you may mail it back to us, drop it off at the Parish Center, or bring it with you to church on Sunday and place it in the collection basket.

If you have any questions or need assistance, please call Anne Lundgren at the Parish Center (973-383-1985).

Thank you for your continued, positive presence, prayerfulness and generous support and may God continue to bless the Parish Family of Saint Joseph.

Working harder to work together to make a difference,



Father ST Sutton

*(Please note that all information will be kept strictly **confidential** and will not be made available to any third party or organization).*

Please provide the requested information for each adult and each child in your home. Please **PRINT** clearly.

Family Name	#	Street Address	Apt. #
If married, wife's maiden name		Date of marriage	
Please indicate how you would like your mailings <b>exactly</b> addressed:			
<input type="checkbox"/> Mailing address (if different from street address):			

**(A) Marital Status:**

S=single; E=Engaged; M=Married (*catholic marriage*)  
 O=Married (*other church*); C=Married (*civil ceremony*)  
 W=widow/widower; P=Separated; A=Annulled  
 R=Annulled & Remarried; D=Divorced

**(B) Religion:**

A=Roman Catholic  
 B=Protestant  
 C=Jewish  
 D=Other

**(C) Mass Attendance:**

R=Regularly  
 I=Irregularly  
 N=Never

Individual family member's name (First, Middle, LAST*) (* If not same as family name above)	Preferred Name (Sue, Bob, etc.) To be used for addressing letters to your home	Male/Female  Male/Female	Date of Birth	(A)	(B)	(C)	Sacraments Received				
				Marital Status	Religion	Attends Mass	Baptism	First Penance	1st Communion	Confirmation	
01		<input type="checkbox"/> M <input type="checkbox"/> F									
02		<input type="checkbox"/> M <input type="checkbox"/> F									

Please enter husband and wife (or head of household) on lines 01 & 02

Lines 03-05 are for other adults (living in your home) including all young adults 18 years and older.

			D.O.B.	MS	R	AM	B	FP	1C	C
03		<input type="checkbox"/> M <input type="checkbox"/> F								
04		<input type="checkbox"/> M <input type="checkbox"/> F								
05		<input type="checkbox"/> M <input type="checkbox"/> F								

In lines 06-12, please enter all children 17 years or younger.

			D.O.B.	MS	R	AM	B	FP	1C	C
06		<input type="checkbox"/> M <input type="checkbox"/> F								
07		<input type="checkbox"/> M <input type="checkbox"/> F								
08		<input type="checkbox"/> M <input type="checkbox"/> F								
09		<input type="checkbox"/> M <input type="checkbox"/> F								
10		<input type="checkbox"/> M <input type="checkbox"/> F								
11		<input type="checkbox"/> M <input type="checkbox"/> F								
12		<input type="checkbox"/> M <input type="checkbox"/> F								

ID Key	Envelope	A/I	B	Date	Entered	Label	Diocese
City	State New Jersey	Zip Code		Phone (home)	Phone (cell)	<input type="checkbox"/> Unlisted	

Email-1	Email-2
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*This section will assist your priests  
in coming to know you and your family better,  
as well as learning what gifts and talents you possess.*

**Special Needs:** (to be listed below for each individual 01-12)  
 SI=Sight Impaired; HI=Hearing Impaired; MC=Mentally challenged;  
 PC=Physically challenged; CH=Confined to home  
**Education:** E=Elementary; H=High School; C=College;  
 A=Advanced Degree; O=Other

Special Needs	Education Level	Occupation code	Occupation	Skills/Hobbies

S/N	Education	Occ. Code	Occupation	S/H

S/N	Name of school attending	Grade	Rel. Ed.
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

- Occupations:**
- 01 Accounting/Finance
  - 02 Homemaker
  - 03 Small business owner (specify)
  - 04 Executive/manager (type of company)
  - 05 Consultant (specify field of expertise)
  - 06 Sales (specify type or product)
  - 07 Education/Teacher/Counselor
  - 08 Arts/Entertainment/Music/Writing, Painting, etc.
  - 09 Legal/Law Enforcement
  - 10 Medical/Dental
  - 11 Health care/Nurse/Child care/Counselor
  - 12 Technology/Computer/Internet/Communications
  - 13 Electronic/Audio/Video
  - 14 Research/Lab Technician (type of research)
  - 15 Food services
  - 16 Construction/Electrician/Plumber/Painter
  - 17 Manufacturing
  - 18 Retail/Wholesale/Merchandising
  - 19 Secretarial/Administrative assistant
  - 20 Clerical/Data entry/General office
  - 21 Retired (please indicate from what field of work)
  - 49 Other (please specify)

- Skills/Hobbies:**
- 51 Artist
  - 52 Music/Vocal
  - 53 Music/Instruments
  - 54 Carpentry
  - 55 Electric
  - 56 Plumbing
  - 57 Painting
  - 58 Gardening/Landscaping
  - 59 Computers/Internet
  - 60 Electronics/Audio
  - 61 Photography/Video
  - 62 Teaching
  - 63 Sewing
  - 64 Knitting/Crocheting
  - 65 Decorating
  - 66 Crafts
  - 67 First Aid Squad/EMS
  - 68 Volunteer Fireman
  - 99 Other (please specify)

Would you (or any other family member) like to be visited by Father or a Deacon? Yes No.

If someone is confined to home, would they like to receive Holy Communion regularly? Yes No.

What other languages are you or another family member fluent in?

- 1. Name: \_\_\_\_\_  Read  Write  Speak (language) \_\_\_\_\_
- 2. Name: \_\_\_\_\_  Read  Write  Speak (language) \_\_\_\_\_
- 3. Name: \_\_\_\_\_  Read  Write  Speak (language) \_\_\_\_\_

Would you like to enroll in **online giving**? Yes No.

Do you already receive Offertory Envelopes? Yes No.

(If yes, please specify what is your Offertory Envelope number) \_\_\_\_\_.

(If no, would you like to receive parish Offertory Envelopes? Yes No.



*\*Online giving is used by many of our parishioners, whereby you do not have to make out a check each and every week, but contribute to our parish community through direct deposit from your checking account or credit card. **All transactions are completely secure and confidential.***

**Comments and/or suggestions:**

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Please **remove me** from your parish files.  
**I no longer wish to be a member of Saint Joseph Parish Community.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*This information is essential in order to remove your name from our files. Thank you!*

Please indicate your family member's interest in the following parish ministries and activities:

**Liturgical Ministries**

- Altar Servers (*Grade 4 and higher*)
- Eucharistic Minister
- Liturgical Committee
- Ministry to the Sick (*homebound, nursing homes, hospitals*)
- Music Ministry (*choir or instrumentalist*)
- Readers
- Ushers & Greeters (*young/adult men & women*)

**Name of Family Member Interested**

- AS \_\_\_\_\_
- EM \_\_\_\_\_
- LC \_\_\_\_\_
- MS \_\_\_\_\_
- MM \_\_\_\_\_
- R \_\_\_\_\_
- U&G \_\_\_\_\_

**Religious Education/Formation**

- Instructor (*Grades 1-8*)
- Christian Formation Volunteer
- High School Sponsor Catechist
- Youth Ministry Adult Volunteer
- Prayer Group Member (*Legion of Mary*)
- Pre-Cana
- R.C.I.A. (*Right of Christian Initiation of Adults*)

**Name of Family Member Interested**

- I 1-8 \_\_\_\_\_
- CFV \_\_\_\_\_
- HSS \_\_\_\_\_
- YM \_\_\_\_\_
- PG \_\_\_\_\_
- PC \_\_\_\_\_
- RCIA \_\_\_\_\_

**Other Parish Ministries & Services**

- Adoration
- Adult Enrichment (*Book Club; Bible study*)
- Art & Environment
- Baptismal Preparation
- Bereavement/Funeral Ministry
- "Coffee And"
- Cornerstone Retreats (*men & women*)
- Columbiettes
- Food Pantry
- Funeral Ministry
- Knights of Columbus
- Liturgy of the Word with children
- Parish Council
- Prayer Shawl Ministry
- Sacred Linens
- "Saturday Cleaners"
- Social Outreach
- Website
- Wedding Planners

**Name of Family Member Interested**

- A \_\_\_\_\_
- AE \_\_\_\_\_
- A&E \_\_\_\_\_
- BP \_\_\_\_\_
- BFM \_\_\_\_\_
- C& \_\_\_\_\_
- CR \_\_\_\_\_
- CB \_\_\_\_\_
- FP \_\_\_\_\_
- FM \_\_\_\_\_
- KOC \_\_\_\_\_
- LWC \_\_\_\_\_
- PC \_\_\_\_\_
- PS \_\_\_\_\_
- SL \_\_\_\_\_
- SC \_\_\_\_\_
- SO \_\_\_\_\_
- W \_\_\_\_\_
- WP \_\_\_\_\_

*Family Name*  
**Office use only**

*ID#:*

*Envelope #*