

**St. Brigid's Church**  
 18 Gibson Street, Bergen, NY 14416  
**Census Form**

Family Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ unlisted Y / N Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State Zip

Mailing Address (if different): \_\_\_\_\_  
Street City/Town State Zip

E-Mail Address: \_\_\_\_\_ Church Attendance: Frequent / Regular / Occasional / Seldom

Marital Status: Church Married / Married / Single / Divorced / Separated / Widow

If Married Date of Marriage and Location: \_\_\_\_\_

Number of Minor Children in Home: \_\_\_\_\_ Number of Others in Home: \_\_\_\_\_

Name and Location of Parish you were previously registered: \_\_\_\_\_

**MEMBER INFORMATION**

	<b>Head</b>	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>
First Name and Middle Name or Initial (Last Name if different)						
Sex	M / F	M / F	M / F	M / F	M / F	M / F
Birth Date						
Religion – Catholic or other						
Baptism – Date & Location						
					<div style="border: 1px solid black; padding: 2px; display: inline-block;">           Office Use: Envelope Number: _____ Date Entered _____         </div>	

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	<b>Head</b>	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>
1 <sup>st</sup> Penance – Date & Location						
1 <sup>st</sup> Communion – Date & Location						
Confirmation - Date & Location						
Marriage – Date & Location						
Occupation & Location or School Attending						
Ministries / Talents						
Ministries / Talents						
Would like to Volunteer for:						

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_