



Saint Thomas More Catholic Community
 Pastoral Center, 1079 Summit Avenue, Saint Paul, Minnesota 55105-3004
 telephone 651.227.7669 fax 651.227.0847 www.morecommunity.org

Census Update Form

Household Last Name(s) _____

Address _____

City/State _____ Zip Code _____

Home Telephone _____ Unlisted

Individual Member Information

Last Name: _____

First Name: _____ Middle Name: _____

Nick Name: _____ Birth/Maiden Name: _____

Birthdate: _____ Place of Birth _____

Gender: M F Religion/Denomination: _____

Special Needs: (please describe) _____

Current Marital Status: Single Married Widowed
 Separated Divorced Annulment Granted

If Married - by: Catholic priest/deacon Other Minister Civil Official

If Civil or other Denomination, was the marriage blessed by the Catholic Church? Yes No

Occupation: _____ Place of Employment: _____

Business Phone: _____ Email address: _____

Cell Phone: _____

Student: Yes No School: _____ Grade: _____

Grade School Alumni?: IHM SL IHM/SL Other Education/Degree(s): _____

Interests/Activities: _____

Sacramental Information

	Month/Day/Year	Name of Church, City, State, Country
Baptism:	_____	_____
1st Reconciliation:	_____	_____
1st Communion:	_____	_____
Confirmation:	_____	_____
Marriage:	_____	_____
Religious Vows:	_____	_____
Ordination:	_____	_____

Individual Member Information

Last Name: _____

First Name: _____ Middle Name: _____

Nick Name: _____ Birth/Maiden Name: _____

Birthdate: _____ Place of Birth _____

Gender: M F Religion/Denomination: _____

Special Needs: (please describe) _____

Current Marital Status: Single Married Widowed
 Separated Divorced Annulment Granted

If Married - by: Catholic priest/deacon Other Minister Civil Official

If Civil or other Denomination, was the marriage blessed by the Catholic Church? Yes No

Occupation: _____ Place of Employment: _____

Business Phone: _____ Email address: _____

Cell Phone: _____

Student: Yes No School: _____ Grade: _____

Grade School Alumni?: IHM SL IHM/SL Other Education/Degree(s): _____

Interests/Activities: _____

Sacramental Information

	Month/Day/Year	Name of Church, City, State, Country
Baptism:	_____	_____
1st Reconciliation:	_____	_____
1st Communion:	_____	_____
Confirmation:	_____	_____
Marriage:	_____	_____
Religious Vows:	_____	_____
Ordination:	_____	_____

(If applicable, please detach along this line and return in the enclosed envelope. Thank you!)

Please remove my/our name(s) from your membership list.

Household Name(s): _____

Address: _____

Dependent Information

Last Name: _____ First Name: _____

Middle Name: _____ Nick Name: _____

Birthdate: _____ Place of Birth: _____

Gender: M F Religion/Denomination: _____

Special Needs: (please describe) _____

Student: Yes No School: _____ Grade: _____

Education/Degree(s): _____ Interests/Activities: _____

Sacramental Information

	Month/Day/Year	Name of Church, City, State, Country
Baptism:	_____	_____
1 st Reconciliation:	_____	_____
1 st Communion:	_____	_____
Confirmation:	_____	_____

Dependent Information

Last Name: _____ First Name: _____

Middle Name: _____ Nick Name: _____

Birthdate: _____ Place of Birth: _____

Gender: M F Religion/Denomination: _____

Special Needs: (please describe) _____

Student: Yes No School: _____ Grade: _____

Education/Degree(s): _____ Interests/Activities: _____

Sacramental Information

	Month/Day/Year	Name of Church, City, State, Country
Baptism:	_____	_____
1 st Reconciliation:	_____	_____
1 st Communion:	_____	_____
Confirmation:	_____	_____

Dependent Information

Last Name: _____ First Name: _____

Middle name: _____ Nick Name: _____

Birthdate: _____ Place of Birth: _____

Gender: M F Religion/Denomination: _____

Special Needs: (please describe) _____

Student: Yes No School: _____ Grade: _____

Education/Degree(s): _____ Interests/Activities: _____

Sacramental Information

	Month/Day/Year	Name of Church, City, State, Country
Baptism:	_____	_____
1 st Reconciliation:	_____	_____
1 st Communion:	_____	_____
Confirmation:	_____	_____

Dependent Information

Last Name: _____ First Name: _____

Middle Name: _____ Nick Name: _____

Birthdate: _____ Place of Birth: _____

Gender: M F Religion/Denomination: _____

Special Needs: (please describe) _____

Student: Yes No School: _____ Grade: _____

Education/Degree(s): _____ Interests/Activities: _____

Sacramental Information

	Month/Day/Year	Name of Church, City, State, Country
Baptism:	_____	_____
1 st Reconciliation:	_____	_____
1 st Communion:	_____	_____
Confirmation:	_____	_____