



OLV National Shrine & Basilica

A Father Baker Legacy

767 Ridge Road, Lackawanna, NY 14218

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CONFIDENTIAL PARISH CENSUS FORM

- FAMILY CONTACT INFORMATION -

Title for Parish Mailings: Mr. Mrs. Ms. Miss Dr. Mr. & Mrs. Dr. & Mrs. Other _____

Family Last Name _____

First Name(s) _____

Address _____

City, State, Zip _____

Primary Phone Number _____

Primary Email _____

Do you currently have a child enrolled at OLV Elementary School? Yes No

Previous Parish _____
parish name *city* *state*

Please complete a member information section for each person living in your household.

If you have adult children or other family members living with you who would like to receive their own offertory envelopes and parish mailings, please have them complete a separate registration form.

- Head of Household -

Name	<i>first</i>	<i>middle</i>	<i>last</i>	<i>maiden</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> _____		Email		
Date of Birth			Cell Phone		
Sacraments <small>Please check the ones you have received.</small>	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation		Education	<i>highest degree received</i>	
			Occupation		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	If married, were you married by a:		Marriage Date:	
		<input type="checkbox"/> Catholic Priest <input type="checkbox"/> Catholic Deacon <input type="checkbox"/> Minister <input type="checkbox"/> Judge <input type="checkbox"/> Other		Church:	
				City/State:	

- Adult #2 -

Name	<i>first</i>	<i>middle</i>	<i>last</i>	<i>maiden</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Head of Household	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				
Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> _____		Email		
Date of Birth			Cell Phone		
Sacraments <small>Please check the ones you have received.</small>	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation		Education	<i>highest degree received</i>	
			Occupation		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	If married, were you married by a:		Marriage Date:	
		<input type="checkbox"/> Catholic Priest <input type="checkbox"/> Catholic Deacon <input type="checkbox"/> Minister <input type="checkbox"/> Judge <input type="checkbox"/> Other		Church:	
				City/State:	

PLEASE COMPLETE A SECTION FOR EACH CHILD IN YOUR HOUSEHOLD.

If you have adult children living with you who would like their own offertory envelopes and parish mailings, please have them complete a separate registration form.

- Child #1 -			
Name	<i>first</i>	<i>middle</i>	<i>last</i>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Head of Household	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____		
Date of Birth			Grade Level
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Religion
			<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____

- Child #2 -			
Name	<i>first</i>	<i>middle</i>	<i>last</i>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Head of Household	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____		
Date of Birth			Grade Level
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Religion
			<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____

- Child #3 -			
Name	<i>first</i>	<i>middle</i>	<i>last</i>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Head of Household	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____		
Date of Birth			Grade Level
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Religion
			<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____

- Child #4 -			
Name	<i>first</i>	<i>middle</i>	<i>last</i>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Head of Household	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____		
Date of Birth			Grade Level
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____

- Child #5 -			
Name	<i>first</i>	<i>middle</i>	<i>last</i>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Head of Household	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____		
Date of Birth			Grade Level
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other _____

