

ST. JOSEPH'S CATHOLIC CHURCH

194 OXFORD STREET NORTH
AUBURN, MASSACHUSETTS 01501

Parish ID# _____

PARISH REGISTRATION - HOUSEHOLD FORM

1. Family Name: _____
2. Address Information:
 - a.) Formal First Name: _____
 - b.) Care of: _____
 - c.) Building/Apartment/Lot Number: _____
 - d.) Number/Street/PO Box Number: _____
 - e.) Residential Address: _____
 - f.) City, State, Zip Code: _____
3. Lives in: [Single Family House: _____ OR on Floor Number: _____ Apt. Number: _____]
4. Home is: [Leased: _____ Owned: _____ Rented: _____ Does Not Apply: _____]
5. Telephone Number: [(xxx) xxx-xxxx]: _____
6. Telephone is: [Listed: _____ Unlisted: _____ No Phone: _____]
7. Number of ADULTS [persons 19.50 years or older] living in household: _____
8. Number of CHILDREN [persons 19.49 years or younger] living in household: _____

Notes pertaining to the entire household:

Registered by: _____

Respondent: _____

Date Registered: _____