

Our Lady Queen of Martyrs Roman Catholic Church

Census Sunday 2016

Parish registration is the best way to certify parish membership and to declare your desire to be a part of our Catholic community. It is important for maintaining sacramental records and for when you are seeking baptisms or weddings in our church. Registration also helps us, as a parish, to better know and serve the needs of all parishioners, old and new.

Please **PRINT IN BLOCK LETTERS**, and kindly submit to any Minister of Hospitality (usher) or the rectory office by end of day Sunday, October 16, 2016. Thank you.

Please check one: Update to Current Registration New Registration

Family Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title: (Mr, Ms, Mrs, Dr, etc.): _____ Suffix: (Jr, Sr, etc.): _____

- 1. List other members that live in the same household.** Please use another registration form if they live in another household or if they want to register separately (use other side to list additional family members if needed).

Last Name (if different from above)	First Name	Relationship (spouse/significant other, son, daughter, mother-in-law, etc.)	Age	Grade Level (Pre K-12, College, None)	Attend(ed) OLM School? (Yes/No)
a. _____					
b. _____					
c. _____					
d. _____					

- 2. Home Address / Mailing Address** Check box if you do **NOT** wish to receive collection envelopes.

Street Address _____

Apt Number / Floor _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

**** This is a two-sided form. Please fill out details on both front and back. Thank you. ****

Our Lady Queen of Martyrs Roman Catholic Church Census Sunday 2016

3. **Race/Ethnicity** (check all that apply): White (Non-Hispanic) African American
 Asian/Pacific Islander Native American Hispanic
 Other _____

4. **Languages** spoken most often at home: English Spanish Tagalog
 Korean Polish French Chinese Italian Creole
 Other _____

5. Is OLQM your principal place of worship? (*check one*) _____ yes _____ no
 If yes, how long have you worshipped at OLQM? _____ years _____ months

6. Are you a registered member of this parish? (*check one*) _____ yes _____ no
 If no, to which parish do you belong? _____

7. How long have you lived in the neighborhood? _____ years _____ months

8. Are you involved in any of our parish activities? (*check one*) _____ yes _____ no
 If yes, which ministries are you involved in (or would like to be involved in)?

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Altar Server Society | <input type="checkbox"/> Martyrs Active Youth Organization (MAYO) |
| <input type="checkbox"/> Bible Studies | <input type="checkbox"/> Ministers of Hospitality (Ushers) |
| <input type="checkbox"/> Charismatic Prayer Group | <input type="checkbox"/> OLQM Academy |
| <input type="checkbox"/> Charity Outreach | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Religious Education |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Single Adults Group |
| <input type="checkbox"/> Consolation/Bereavement | <input type="checkbox"/> Stewardship |
| <input type="checkbox"/> Extraordinary Ministers of Holy Communion | <input type="checkbox"/> St. Pio Prayer Group |
| <input type="checkbox"/> Home Academy Association | <input type="checkbox"/> Worldwide Marriage Encounter |
| <input type="checkbox"/> Lectors | <input type="checkbox"/> Youth Sports |

9. Today's Date _____/_____/_____

*Please use the space below to list additional members of your family
or provide any comments/suggestions, or ask any questions. Thank you.*

**** This is a two-sided form. Please fill out details on both front and back. Thank you. ****