

Welcome to St. Agnes Parish!

Census/Registration Form

St. Agnes Church
2314 3rd Ave. PO Box 349
Scottsbluff, Nebraska 69363-0349
308-632-2541

Today's date _____

Family Last Name _____ Street Address _____
Mailing address (if different) _____ City/State/Zip _____
Phone #1 _____ Phone #2 _____ Email Address _____
Do you wish to receive the *West Nebraska Register*? _____ yes _____ no (for office use) Env.# _____

Head of Household Last name _____ First name _____
Title: (circle one) Mr. Mrs. Ms. Miss Dr. Other _____
Marital Status: Church married _____ Married _____ Single _____ Separated _____ Divorced _____ Widowed _____
Gender: M ___ F ___ Maiden name _____ Birth date _____

Sacraments (check and date if received) Baptism _____ date _____ First Communion _____ date _____
Confirmation _____ date _____ Marriage _____ date _____ Reconciliation _____ date _____

Religion: Catholic _____ Other denomination (list) _____
Education: grades completed _____ degree _____ Occupation _____
Place of work _____ Location _____ Phone # _____
Ministries/Talents you are experienced with _____
Ministries/Talents you would like more information on _____

Spouse Last name _____ First name _____
Title: (circle one) Mr. Mrs. Ms. Miss Dr. Other _____
Marital Status: Church married _____ Married _____ Single _____ Separated _____ Divorced _____ Widowed _____
Gender: M ___ F ___ Maiden name _____ Birth date _____

Sacraments (check and date if received) Baptism _____ date _____ First Communion _____ date _____
Confirmation _____ date _____ Marriage _____ date _____ Reconciliation _____ date _____

Religion: Catholic _____ Other denomination (list) _____
Education: grades completed _____ degree _____ Occupation _____
Place of work _____ Location _____ Phone # _____
Ministries/Talents you are experienced with _____
Ministries/Talents you would like more information on _____

(Continued on back)

Children (List only children/dependents living at home.)

Name _____ Gender _____ Birthdate _____

Sacraments (check and date if received) Baptism _____ date _____ First Communion _____ date _____
Confirmation _____ date _____ Marriage _____ date _____ Reconciliation _____ date _____

School _____ Grades completed _____

Name _____ Gender _____ Birthdate _____

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School _____ Grades completed _____

Please return completed form to the address at the top of this form or to the collection basket.

Additional Comments/Concerns: