



WELCOME TO OUR PARISH
 To help us serve you, please provide any information you can for our records.
 Confidential information on the reverse side is used only for our pastoral staff. Thank you.



PARISH CENSUS—PLEASE PRINT
ST. JOHN THE BAPTIST CATHOLIC CHURCH, 17 CHESTNUT STREET, PEABODY, MA 01960
PASTOR: FR. JOHN MAC INNIS PHONE 978-531-0002 FAX 978-531-5199

Family Name: _____ Home Phone: _____ Work Phone: _____ E-Mail: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Head of household & spouse (if any)	Date of Birth (mm/dd/yyyy)	Marital Status Put initial beside names	Religion	Baptized		1st Communion		Confirmation		Occupation
				Yes	No	Yes	No	Yes	No	
Mr.: _____	____/____/____	S=Single SD= Separated	_____	_____	_____	_____	_____	_____	_____	_____
Mrs.: _____	____/____/____	or Divorced	_____	_____	_____	_____	_____	_____	_____	_____
Ms.: _____	____/____/____	M=Married W=Widowed	_____	_____	_____	_____	_____	_____	_____	_____

Dependent Children	Date of Birth (mm/dd/yyyy)	Gender		Religion	Baptized		1st Communion		Confirmation		Attending Religion Classes	
		Male	Female		Yes	No	Yes	No	Yes	No	Yes	No
1)	____/____/____											
2)	____/____/____											
3)	____/____/____											
4)	____/____/____											
5)	____/____/____											
6)	____/____/____											

Other adults in home	Date of Birth (mm/dd/yyyy)	Marital Status Put initial beside name	Religion	Baptized		1st Communion		Confirmation		Occupation
				Yes	No	Yes	No	Yes	No	
Mr.: _____	____/____/____	S=Single SD= Separated	_____	_____	_____	_____	_____	_____	_____	_____
Mrs.: _____	____/____/____	or Divorced	_____	_____	_____	_____	_____	_____	_____	_____
Ms.: _____	____/____/____	M=Married W=Widowed	_____	_____	_____	_____	_____	_____	_____	_____

We appreciate your support. Do you receive Parish Envelopes?
 Yes Check One: Monthly Weekly No

Do you wish to receive monthly or weekly envelopes ?
 Yes Check One: Monthly Weekly No

Members of household who are Alumni/ae of St. John's School _____

PREVIOUS PARISH _____ CITY/TOWN/STATE _____ (OVER)

Are you interested in joining any of the following volunteer opportunities? Please check your interests.

- | | | | | |
|----------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Choir | <input type="checkbox"/> Lector | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Adult Faith Formation | <input type="checkbox"/> Religious Education Teachers |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Altar Server | <input type="checkbox"/> Greeter | <input type="checkbox"/> Usher | <input type="checkbox"/> Adult Server (Funerals) |
| <input type="checkbox"/> Office Helper | <input type="checkbox"/> Saint Vincent de Paul | <input type="checkbox"/> Repair and Improvement | <input type="checkbox"/> Thrift Store Helper | <input type="checkbox"/> Other_____ |

Do you have any special skills you would like to share? Please check your interests

- | | | | | |
|-------------------------------------------|-----------------------------------------------|--------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Music / arts | <input type="checkbox"/> Foreign Languages | <input type="checkbox"/> Linens/Vestments | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Vocational Trades |
| <input type="checkbox"/> Graphic Art | <input type="checkbox"/> Finance / Accounting | <input type="checkbox"/> Business / Professional | <input type="checkbox"/> Computers/ Programming | <input type="checkbox"/> Technical / Engineering |
| <input type="checkbox"/> Plants / Flowers | <input type="checkbox"/> Gardening | <input type="checkbox"/> Other _____ | | |

CONFIDENTIAL QUESTIONARE - FOR OUR PASTORAL STAFF

Where do you most often attend church services?

Name of Parish _____ City_____

Which Mass (day & time) do you prefer?

Saturday_____ Sunday_____ Time_____

How often do you go to Church?

Every week or two Every month or two Christmas and Easter Last time I went to Mass:_____

Are there reasons that you do not attend Mass regularly?

Yes No Explanation (optional)_____

If physically unable to attend Mass, would you like to receive the Eucharist at home?

Yes No

Would you like to receive a weekly parish bulletin at home?

Yes No

Are there any persons in your home with special needs?

Yes No If so, please describe_____

Is your marriage recognized by the Catholic Church?

Yes No NA

If not, would you like to speak with a priest about this or any other matter?

Yes No

(OVER)