

Ascension Church Census

12033 Miller Avenue, Saratoga, California 95070-3358
 (408) 725-3939 Fax (408) 725-3932

FAMILY NAME: _____ Mr./Mrs. Mr. Mrs. Miss Ms. Other _____

STREET ADDRESS: _____ PHONE: () _____

Alternate or

MAILING ADDRESS (if different from street address): _____ Emergency Phone:() _____

CITY: _____ ZIP: _____ Fax/E-Mail _____

MARITAL STATUS: Married Single Divorced Separated Widow (er) Joined Parish ___ / ___ / ___ Today's Date ___ / ___ / ___.

MINISTRIES (already participating in): _____

MINISTRIES (wishing to pursue): _____

SPECIAL SKILLS/TALENTS (i.e. carpentry, decorating): _____

Please Circle Frequency of Sunday Contribution Envelopes You Wish To Receive: (Weekly, Monthly, Not Required) or Automatic Payment

LIST ADULTS AND CHILDREN RESIDING IN HOME

	FIRST NAME & (Last Name, if different)		OCCUPATION/RETIRED/STUDENT/OTHER
ADULT		M or F	
ADULT		M or F	
CHILD		M or F	
CHILD		M or F	
CHILD		M or F	
CHILD		M or F	
CHILD		M or F	
OTHER		M or F	

COMMENTS: _____