

**PARISH CENSUS**

*Holy Spirit Catholic Church*

1111 W Daniieldale Rd, Duncanville TX 75137-3719

Tel. 972. 298-4971 Fax. 972. 709-1443

**FOR OFFICIAL USE ONLY**

Date Received \_\_\_\_\_

ID/Envelope No. \_\_\_\_\_ Zone No. \_\_\_\_\_

Family LAST NAME \_\_\_\_\_ Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different from residence) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Where was your previous church? Church Name \_\_\_\_\_ City/State \_\_\_\_\_

**Marital Status:**  Married—Date of marriage \_\_\_\_\_ According to Catholic church law?  Yes  No  
 Single  Widowed  Separated  Divorced

**Information about Husband or Single Male**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last First Middle

Religious Preference \_\_\_\_\_ E-Mail address \_\_\_\_\_

Were you baptized?  Yes  No If yes, in what denomination? \_\_\_\_\_

If Catholic, have you received ... First Eucharist?  Yes  No Confirmation  Yes  No

Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Specialization \_\_\_\_\_ Cell Phone \_\_\_\_\_

For statistical purposes only, what is your ethnic origin? \_\_\_\_\_

Languages spoken other than English \_\_\_\_\_

**Information about Wife or Single Female**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last First Middle

Religious Preference \_\_\_\_\_ E-Mail address \_\_\_\_\_

Were you baptized?  Yes  No If yes, in what denomination? \_\_\_\_\_

If Catholic, have you received ... First Eucharist?  Yes  No Confirmation  Yes  No

Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Specialization \_\_\_\_\_ Cell Phone \_\_\_\_\_

For statistical purposes only, what is your ethnic origin? \_\_\_\_\_

Languages spoken other than English \_\_\_\_\_

Children at Home (under 22 years of age*)			Birthday M/D/Y	M/F	Check (✓) All those Received			Name of School or College	Present Grade
Last	First	Middle			Catholic Sacraments				
					Baptism	1st Eucharist	Confirmation		

Is there a disabled person in your household? Name of person \_\_\_\_\_ Disability \_\_\_\_\_

If there are Catholics in your home unable to attend Mass, please call 972-298-4971.

Would you like to receive *The Texas Catholic diocesan newspaper* free of charge?  Yes  No

*\*If there are other Catholic residents in your household INCLUDING CHILDREN 22 YEARS OF AGE OR OLDER, we ask that they please fill out a separate census form.*

**ACTS—ALL CALLED TO SHARE**  
TIME/TALENT SURVEY

Please write your name(s) on the line next to the area(s) of ministry in which you will volunteer your time/talent, or where you would like more information.

**LITURGY COMMISSION**

	Volunteer Name	Need Info
Altar Server*	_____	_____
Art & Environment	_____	_____
Liturgical Ministry	_____	_____
Eucharistic Minister	_____	_____
Lector	_____	_____
Ministers of Hospitality (Ushers)	_____	_____
Music Ministry*	_____	_____
Instrument	_____	_____
Choir, Cantor	_____	_____
Sacristan	_____	_____

**ADULT & FAMILY COMMISSION**

Addictions	_____	_____
Adult Faith Formation & Scripture Study	_____	_____
Adult Singles	_____	_____
Grief Ministry	_____	_____
Marriage Preparation	_____	_____
Marrieds Ministry	_____	_____
Men's Ministry	_____	_____
Natural Family Planning	_____	_____
Senior Adults (YAHAs)	_____	_____
Women's Ministry	_____	_____

**COMMUNITY LIFE COMMISSION**

Catholic Daughters of the Americas	_____	_____
Coffee/Doughnuts*	_____	_____
Craft Group	_____	_____
Filipino-American Group	_____	_____
Gift Bearers (Offertory)*	_____	_____
Holy Spirit Shepherds	_____	_____
Knights of Columbus	_____	_____
Legion of Mary	_____	_____
Parish Picnic*	_____	_____
Scouting*	_____	_____
Social Committee (Parish Events)	_____	_____
Welcome Dinner Helper*	_____	_____
Welcome Table Attendant	_____	_____

**PARISH (GENERAL)**

Parish Fall Festival	_____	_____
Parish Finance Committee	_____	_____
Volunteer Nursery Worker	_____	_____
Volunteer Office Worker	_____	_____

**YOUTH MINISTRY COMMISSION**

(Grades 7 to 12)

	Volunteer Name	Need Info
Chaperone	_____	_____
Classroom Aide	_____	_____
Field Trip Transportation	_____	_____
Gym Supervision	_____	_____
Hall Monitor	_____	_____
Outreach Assistant	_____	_____
Parking Lot Monitor	_____	_____
Youth Mentor (Catechist)	_____	_____

**FAITH FORMATION COMMISSION**

(Pre-School 3 to Grade 6)

Catechist	_____	_____
Catechist Aide	_____	_____
Office Aide	_____	_____
Special Events Assistant	_____	_____
Substitute Catechist/Aide	_____	_____

**CHRISTIAN INITIATION**

(Rite of Christian Initiation of Adults)

Christian Initiation of Adults	_____	_____
Sponsors	_____	_____
Christian Initiation of Children	_____	_____
Sponsors	_____	_____

**OUTREACH COMMISSION**

D.O.V.E. Program*	_____	_____
Doing Our Volunteering Everywhere)	_____	_____
Eucharistic Minister (hospitalized/homebound)	_____	_____
Food Pantry Helper	_____	_____
Holy-Holy Ministry (sister parish)	_____	_____
Meals on Wheels (VNA)	_____	_____
Outreach Volunteer	_____	_____
Prayer Chain*	_____	_____
Pro-Life Committee*	_____	_____

\*Indicates that an entire family may volunteer.

Holy Spirit follows a Safety Environment Plan (SEP) for the protection of our parish children and youth. Background checks may be required with some ministries involving children, youth and/or vulnerable populations. Holy Spirit follows a two-adult rule that no child is ever without two adult supervisors.

I am not sure where I can help, but I would like to help. Please call me. \_\_\_\_\_

(Name/Phone No.)

Comments: