

Our Lady of Victory
 230 S Main Street
 Centerville, MA 02632
 Tel 508.775.5744 FAX 508.771.0170
 ministries@olvparish.org



Please Print

Census Form

ID# (If known) _____ Envelopes Y N

Would you like to receive weekly Offering envelopes? Y N
 Or would you like to sign up for online giving through We Share? Y N If yes, we will contact you directly.

FAMILY LAST NAME _____

Mr/Mrs/Ms/Miss ADULT FIRST NAME _____ Catholic Y N Date of Birth _____
Choose one

Mr/Mrs/Ms/Miss ADULT FIRST NAME _____ Catholic Y N Date of Birth _____
Choose one
 Last name (if different) _____

Maiden name _____ Married Y N By a priest or deacon? Y N

STREET ADDRESS _____

 Town State Zip Code

MAILING ADDRESS (if different) _____

 Town State Zip Code

Home phone _____ Cell phone _____ Email _____

Other _____ Other _____

OTHER/OFF-SEASON ADDRESS _____

 Town State Zip Code

APPROXIMATE DATES OFF CAPE _____

Others living at the same address

		Date of birth	Baptism	First Comm	Confirmation	Relationship
_____ Gender _____	_____	_____	Y N	Y N	Y N	_____
_____ Gender _____	_____	_____	Y N	Y N	Y N	_____
_____ Gender _____	_____	_____	Y N	Y N	Y N	_____
_____ Gender _____	_____	_____	Y N	Y N	Y N	_____
_____ Gender _____	_____	_____	Y N	Y N	Y N	_____

Are you part of Faith Formation/GIFT? Y N If no, would you like to be contacted about the GIFT program? Y N