

Big Island Catholic Church
Parish Registration

Welcome to Our Parish Community!

The information you provide on this census form will be used exclusively within the Church. Please print/circle your responses. Thank you!

Are you presently registered in this parish? Yes No If yes, please state the year of original registration. _____

Were you previously registered in another parish in the Diocese of Honolulu? Yes No
If yes, please name the parish. _____ Location: _____

Signature of Person Completing Form: _____ Date: _____

Household Mailing Information *(Please complete as you want mail addressed to your household, including title(s)).*

Name (s): _____

P. O. Box, if any: _____

Street Address: _____

City/State/Zip: _____

Phone: () _____

E-Mail Address: _____

Are there any special circumstances or information of which the parish should be aware?

Do you wish to receive offertory envelopes?	Yes	No
Are you interested in volunteering?	Yes	No
If so, in what area(s)	_____	
_____	_____	
If updating are you a parish volunteer?	Yes	No
If so, in what area(s)	_____	
_____	_____	

