CONFIDENTIAL **PATRONAGE OF THE MOTHER OF GOD BYZANTINE CATHOLIC CHURCH**

1260 Stevens Avenue, Baltimore, MD 21227

Parish Census: 2023

FAMILY LAST NAME:_____ Married___ Single___ Widowed:___ Separated___ Divorced:___

Street Address:_____ City:_____ State:_____ Zip Code:_____

Home Phone:_____

_____

HUSBAND'S or SINGLE MALE'S GIVEN NAME:_____

Cell Phone:_____ Email:_____ Occupation:_____

Date of Birth:_____ Place of Birth:_____

Church of Baptism:_____ City:_____ State:_____

STATUS: *(please check One)*

Eastern Rite Tradition

___ Byzantine Ruthenian

___ Byzantine Ukrainian

___ Byzantine Melkite

___ Other Eastern Catholic
Please specify:_____

___ Eastern Orthodox
Please specify:_____

Western Rite Tradition:

___ Roman Catholic

___ Protestant
Please specify:_____

___ Other
Please specify:_____

Transfer of Rite Date:_____

Transfer of Rite Place:_____

WIFE'S or SINGLE FEMALE'S GIVEN NAME:_____

Cell Phone:_____ Email:_____ Occupation:_____

Date of Birth:_____ Place of Birth:_____

Church of Baptism:_____ City:_____ State:_____

STATUS: *(please check One)*

Eastern Rite Tradition

___ Byzantine Ruthenian

___ Byzantine Ukrainian

___ Byzantine Melkite

___ Other Eastern Catholic
Please specify:_____

___ Eastern Orthodox
Please specify:_____

Western Rite Tradition:

___ Roman Catholic

___ Protestant
Please specify:_____

___ Other
Please specify:_____

Transfer of Rite Date:_____

Transfer of Rite Place:_____

MARRIAGE: Date:_____ Church Name:_____ City:_____ State:_____

If widowed, give date of death of spouse:_____

If separated, give date of separation:_____

If divorced, give date of divorce:_____ Previously Married to:_____

CONFIDENTIAL

CHILDREN LIVING AT HOME (please attach another sheet of paper, with the following information, if you need to add additional names):

(1) NAME:_____ Date of Birth:_____ City:_____ State:_____

Church of Baptism:_____ City:_____ State:_____ Date:_____

Date of Chrismation/Confirmation:_____ Date of First Communion:_____ Year in School:_____

(2) NAME:_____ Date of Birth:_____ City:_____ State:_____

Church of Baptism:_____ City:_____ State:_____ Date:_____

Date of Chrismation/Confirmation:_____ Date of First Communion:_____ Year in School:_____

(3) NAME:_____ Date of Birth:_____ City:_____ State:_____

Church of Baptism:_____ City:_____ State:_____ Date:_____

Date of Chrismation/Confirmation:_____ Date of First Communion:_____ Year in School:_____

(4) NAME:_____ Date of Birth:_____ City:_____ State:_____

Church of Baptism:_____ City:_____ State:_____ Date:_____

Date of Chrismation/Confirmation:_____ Date of First Communion:_____ Year in School:_____

CHILDREN NOT LIVING AT HOME (please attach another sheet of paper, with the following information, if you need to add additional names):

(1) NAME:_____ Date of Birth:_____ City:_____ State:_____

Street Address:_____ City:_____ State:_____ Zip Code:_____

Church of Baptism:_____ City:_____ State:_____ Date:_____

Married Date:_____ Name of Spouse:_____ Location:_____

(2) NAME:_____ Date of Birth:_____ City:_____ State:_____

Street Address:_____ City:_____ State:_____ Zip Code:_____

Church of Baptism:_____ City:_____ State:_____ Date:_____

Married Date:_____ Name of Spouse:_____ Location:_____

(3) NAME:_____ Date of Birth:_____ City:_____ State:_____

Street Address:_____ City:_____ State:_____ Zip Code:_____

Church of Baptism:_____ City:_____ State:_____ Date:_____

Married Date:_____ Name of Spouse:_____ Location:_____

DEMOGRAPHICS:

Do you receive the Eastern Catholic Life (ECL) (Y or N):_____ Do you utilize Offertory Envelopes (Y or N):_____

Tithe.ly (Y or N):_____ Check/Cash Donation (Y or N):_____

If you circled "N" for the ECL or Offertory Envelopes, would you like to receive them? Please list which one(s)_____

Member of Church Organizations (list):_____

Areas of interest for involvement at Patronage Church:_____

_____

Signed:_____ **Date:**_____