Contribution ID / Envelope # _____
(For Office Use Only)

Instructions: Form is fillable, tab to move through fields.

Enroll in Automated Notification Systems: ☐ ALL ☐ Phones Only ☐ Emails Only

St. Martin Catholic Church

5856 State Route 81 • Owensboro, KY 42301-9415 • (270) 685-0339

2024 Stewardship Census

Demographics: **Date:** _____

Head of Household : _____ Occupation: _____
(Last Name, First Name, Middle)

Date of Birth: (MM/DD/YYYY): _____ Anniversary Date (if applicable): _____

Physical Address: _____
Street Address *City, State Zip*

Mailing Address: _____
(if different) *Mailing Address* *City, State Zip*

Phone 1: _____ ☐ Home ☐ Mobile ☐ Work/Business ☐ Other _____

Phone 2: _____ ☐ Home ☐ Mobile ☐ Work/Business ☐ Other _____

Email Address: _____

Which do you prefer: ☐ Text ☐ Email ☐ Telephone Call ☐ US Mail

Sacraments: If Baptized, Church where baptized: _____

☐ Baptized ☐ First Communion ☐ Confirmed ☐ Holy Matrimony ☐ Holy Orders

Spouse: _____ Maiden Name: _____ Occupation: _____
(Last Name, First Name, Middle)

Date of Birth: (MM/DD/YYYY): _____ Anniversary Date (if applicable): _____

Phone 1: _____ ☐ Home ☐ Mobile ☐ Work/Business ☐ Other _____

Phone 2: _____ ☐ Home ☐ Mobile ☐ Work/Business ☐ Other _____

Email Address: _____

Which do you prefer: ☐ Text ☐ Email ☐ Telephone Call ☐ US Mail

Sacraments: If Baptized, Church where baptized: _____

☐ Baptized ☐ First Communion ☐ Confirmed ☐ Holy Matrimony ☐ Holy Orders

Children Living at Home:

_____ _____ ☐ Baptized ☐ First Communion ☐ Confirmed
Name (Last, First, Middle Name) Date of Birth Church where Baptized: _____

_____ _____ ☐ Baptized ☐ First Communion ☐ Confirmed
Name (Last, First, Middle Name Date of Birth Church where Baptized: _____

_____ _____ ☐ Baptized ☐ First Communion ☐ Confirmed
Name (Last, First, Middle Name) Date of Birth Church where Baptized: _____

_____ _____ ☐ Baptized ☐ First Communion ☐ Confirmed
Name (Last, First, Middle Name) Date of Birth Church where Baptized: _____

_____ _____ ☐ Baptized ☐ First Communion ☐ Confirmed
Name (Last, First, Middle Name) Date of Birth Church where Baptized: _____

_____ _____ ☐ Baptized ☐ First Communion ☐ Confirmed
Name (Last, First, Middle Name) Date of Birth Church where Baptized: _____

STEWARDSHIP SUMMARY

Preferred Mass Time:

☐ Saturday, 4 PM ☐ Sunday, 7 AM ☐ Sunday, 10:30 AM

Treasure/Contributions

I pledge the following as my/our Stewardship of Treasure:

$ _____ Weekly $ _____Quarterly

$ _____ Monthly $_____Annually

Check if interested in Direct Debit Authorization ☐ Check if you need contribution envelopes ☐

We encourage everyone to take an active part in Parish life. Please consider in one or more of the following ministries or activities listed below. Please check the box next to each and supply the family member's name in the space provided. If applicable, please feel free to list multiple family members in the space provided.

Worship:

☐ Decoration Team _____
☐ Eucharistic Minister _____
☐ Lector _____
☐ Altar Server _____
☐ Gift Bearer _____
☐ Greeter _____
☐ Usher _____
☐ Clean Altar Linens _____
☐ Musician _____
☐ Cantor _____
☐ Singer _____
☐ Rosary Leader _____

Faith Formation / Education:

☐ Religious Education Teacher _____
☐ Religious Education Assistant _____
☐ R.C.I.A Assistant _____
☐ Seasonal Scriptural Studies _____
☐ Vacation Bible School _____

Ministries:

☐ Bereavement Dinners _____
☐ Card Ministry Assistant _____
☐ Eucharistic Minister to Sick _____
☐ Prayer Chain _____

Administration:

☐ Office Help _____
☐ Building & Grounds _____
☐ Custodian Assistant _____

Other Groups/Activities:

☐ Altar Society _____
☐ Men's Club _____
☐ Quilting Club _____
☐ Youth Group _____

Other Service/Volunteer Opportunities:

☐ Reverse Raffle _____
☐ Lenten Fish Frys _____
☐ Men's Club Spring Cook _____
☐ Drive Thru Picnic _____
☐ Altar Society Rummage Sale _____
☐ Parish Social Events _____
☐ Charity Distribution Team _____