



# Sacred Heart Catholic Parish

Baba Dogo Road, Off Outer Ring Road, P.O. Box 65125-00618, Ruaraka, Nairobi



sacredheartparish2000@gmail.com



+254 (0) 715 100168

## PARISH CENSUS 2026

### SECTION A: PERSONAL INFORMATION

1. Full Name: \_\_\_\_\_
2. Gender: ☐ Male ☐ Female
3. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. Phone Number: \_\_\_\_\_ ID Number \_\_\_\_\_
5. Email Address (Optional): \_\_\_\_\_
6. Marital Status: n ☐ Single  
☐ Married Name of Spouse \_\_\_\_\_  
☐ Widowed  
☐ Separated  
☐ Religious
7. Occupation: \_\_\_\_\_

### SECTION B: RESIDENTIAL INFORMATION

8. Estate / Area of Residence: \_\_\_\_\_
9. Small Christian Community (SCC): \_\_\_\_\_ Zone \_\_\_\_\_

### SECTION C: CHURCH MEMBERSHIP INFORMATION

10. Sacraments received: ☐ Baptism ☐ Holy Communion ☐ Confirmation ☐ Holy Matrimony  
☐ None
11. Parish Group / Society Membership:
- |                                        |                                                    |                                           |                                                    |
|----------------------------------------|----------------------------------------------------|-------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> CMA           | <input type="checkbox"/> Sacred Heart Prayer Group | <input type="checkbox"/> Catechists       | <input type="checkbox"/> CJPD                      |
| <input type="checkbox"/> CWA           | <input type="checkbox"/> St Mary Prayer Group      | <input type="checkbox"/> Ushers           | <input type="checkbox"/> Friends of St Augustine   |
| <input type="checkbox"/> PMC Animators | <input type="checkbox"/> St Elizabeth Prayer Group | <input type="checkbox"/> Lectors          | <input type="checkbox"/> Marriage Encounter        |
| <input type="checkbox"/> MYM Animator. | <input type="checkbox"/> Our Lady of Guadalupe     | <input type="checkbox"/> Choir            | <input type="checkbox"/> Sacred Heart Professional |
| <input type="checkbox"/> YSC           | <input type="checkbox"/> Legion Of Mary            | <input type="checkbox"/> Alter Servers    | <input type="checkbox"/> Media Team                |
| <input type="checkbox"/> YCA           | <input type="checkbox"/> Charismatic Renewal       | <input type="checkbox"/> Lay Augustinians | <input type="checkbox"/> St John Ambulance         |
12. Preferred Mass Attendance: ☐ 7:00am Mass ☐ 9:00 am Mass ☐ 11:00am Mass ☐ 1:00pm Mass  
☐ 8:00am Mass ☐ 10:00am Mass

*Behold this heart which loves you so much!*



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## SECTION D: FAMILY INFORMATION

13. Number of children /Age /Sacraments

| Name | Age | Holy Communion | Confir-mation | Catechism | Groups |
|------|-----|----------------|---------------|-----------|--------|
|      |     |                |               |           |        |
|      |     |                |               |           |        |
|      |     |                |               |           |        |
|      |     |                |               |           |        |
|      |     |                |               |           |        |
|      |     |                |               |           |        |
|      |     |                |               |           |        |

14. Are you a member of Parish Welfare? ☐ Yes ☐ No

15. Are you a member of Sacred Heart Sacco ☐ Yes ☐ No

16. Do you have Special Pastoral needs? ☐ Sick Visitation ☐ Holy Communion at Home ☐ Counseling

17. Do you have Person Living with Disability? ☐ Yes ☐ No

If Yes Specify \_\_\_\_\_

## SECTION E: DECLARATION

I confirm that the information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DATA PRIVACY STATEMENT.

All information collected during this census exercise shall be treated with strict confidentiality. The data will be securely protected and used solely for church pastoral planning, communication, and parish development purposes by Sacred Heart Catholic Parish – Baba Dogo.