

LAST NAME: _____

ID # _____

Date Registered _____

YOUR FIRST NAME: _____

OFFICE USE ONLY

Entered: _____

YOUR SPOUSE'S FIRST NAME: _____

WC/Env. Packet: _____

Rolodex: _____

ADDRESS: _____

(STREET)

(CITY/STATE/ZIP)

PREFERRED TO BE ADDRESSED AS: MR.& MRS.MR. MRS. MS. MISS DR. DR.& MRS.

(CIRCLE ONE)

MARITAL STATUS: CHURCH MARRIAGE MARRIED SINGLE WIDOW SEP. DIV. ANNULMENT

(CIRCLE ONE)

HOME PHONE: _____ UNLISTED? YES () NO () Use electronic giving or donation envelopes?

BUSINESS/CELL PHONE: HUSBAND () WIFE () _____

| CENSUS INFORMATION | HEAD OF HOUSEHOLD | WIFE | OTHER/ CHILD | CHILD | CHILD |
|---|-------------------|------|--------------|-------|-------|
| FIRST NAME | | | | | |
| LAST NAME/SPOUSE'S MAIDEN NAME | | | | | |
| MARITAL STATUS | | | | | |
| HANDICAP/DISABILITY | | | | | |
| RELIGION | | | | | |
| LANGUAGES SPOKEN | | | | | |
| OCCUPATION | | | | | |
| EMPLOYER | | | | | |
| SCHOOL ATTENDING/ ATTENDED | | | | | |
| YEARS OF EDUCATION COMPLETED OR DEGREE | | | | | |
| SEX (MALE/FEMALE) | | | | | |
| BIRTH DATE (MO/DAY/YEAR) | | | | | |
| BAPTIZED (YES/NO) (MO/DAY/YEAR) WHERE? | | | | | |
| FIRST COMMUNION (YES/NO) (MO/DAY/YEAR) WHERE? | | | | | |
| PENANCE (YES/NO) | | | | | |
| CONFIRMATION (YES/NO) (MO/DAY/YEAR) WHERE? | | | | | |
| DATE/PLACE MARRIED | | | | | |

E-MAIL ADDRESS(ES)

