CONFIDENTIAL CENSUS DATA

FAMILY NAME	STREET ADDRESS/Apt #	SUBDIVISION

PLEASE PRINT ALL INFORMATION
LEAVE SHADED AREA BLANK

OFFICE USE ONLY
Family ID: _____
Registry Date: _____
Parish Area: _____

CITY	STATE	ZIP + 4	TELEPHONE	Wife's Maiden Name	E-MAIL ADDRESS

Title Mr. Mrs. Ms. Dr.	First Name and last if different from family name	Middle Initial	Marital Status (see list below)	Religion Catholic or if other (list)	Occupation	Business Phone	Sex (M-F)	Birth Date	Baptized (Y-N)	1st Comm (Y-N)	Confirmed (Y-N)
	CHILDREN AT HOME										
	OTHER MEMBERS OF HOUSEHOLD (Full Names)										

MARITAL STATUS

M-C = Married, Catholic Church
M-O = Married, Other
S = Single
Sep = Separated
W = Widowed
D = Divorced

DO YOU HAVE SPECIAL NEEDS?
(Handicapped, Housebound, Etc.)

_____
_____
_____
_____