

ST. MARY CHURCH CENSUS

ENV. NO. _____ DATE _____

FAMILY LAST NAME		INSTRUCTIONS FOR COMPLETING THE CENSUS				
		1.	PLEASE PRINT NEATLY	2.	FILL IN ALL INFORMATION AS COMPLETELY AS POSSIBLE	3.
STREET ADDRESS		APT. NO.	How long have you lived in this area?			
CITY		ZIP	E-MAIL ADDRESS			
PHONE NUMBER						
MALE			FEMALE <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.			
NAME 1.		DATE OF BIRTH	NAME 1.		MAIDEN NAME	DATE OF BIRTH
EDUCATION			EDUCATION			
ELEMENTARY <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PUBLIC	IF YOU ATTENDED PUBLIC SCHOOLS, DID YOU ATTEND CCD, PSR, OR CATECHISM? <input type="checkbox"/> YES <input type="checkbox"/> NO		ELEMENTARY <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PUBLIC	IF YOU ATTENDED PUBLIC SCHOOLS, DID YOU ATTEND CCD, PSR, OR CATECHISM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HIGH SCHOOL <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PUBLIC	IF YES, PLEASE SPECIFY LEVEL COMPLETED		HIGH SCHOOL <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PUBLIC	IF YES, PLEASE SPECIFY LEVEL COMPLETED		
<input type="checkbox"/> COLLEGE			<input type="checkbox"/> COLLEGE			
<input type="checkbox"/> TECHNICAL			<input type="checkbox"/> TECHNICAL			
BAPTIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMUNION <input type="checkbox"/> YES <input type="checkbox"/> NO	CONFIRMED <input type="checkbox"/> YES <input type="checkbox"/> NO	CONVERT <input type="checkbox"/> YES <input type="checkbox"/> NO	RELIGION (if not Catholic)	BAPTIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMUNION <input type="checkbox"/> YES <input type="checkbox"/> NO
I ATTEND MASS <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> LESS THAN OCCASIONALLY			I ATTEND MASS <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> LESS THAN OCCASIONALLY			
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED (# OF YEARS _____)			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED (# OF YEARS _____)			
THIS IS <input type="checkbox"/> FIRST MARRIAGE <input type="checkbox"/> SECOND MARRIAGE		MARRIED BY A PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	THIS IS <input type="checkbox"/> FIRST MARRIAGE <input type="checkbox"/> SECOND MARRIAGE		MARRIED BY A PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		ARE YOU <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED	EMPLOYER		ARE YOU <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED	
POSITION / TYPE OF WORK			POSITION / TYPE OF WORK			
OTHER FAMILY MEMBERS WHO ARE DEPENDENT						College grads / Independent children should register on their own
NAME (last name if different from above)	BIRTHDATE	BAPTIZED	COMMUNION	CONFIRMED	ATTEND CCD/PSR	PRESENT SCHOOL
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER INDEPENDENT PERSONS IN YOUR HOME						
7.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FAMILY MEMBERS WHO WISH TO RECEIVE HOLY COMMUNION AT HOME: NAME:			FAMILY MEMBERS INTERESTED IN MORE INFORMATION ABOUT THE CATHOLIC CHURCH NAME:			