

Census Information

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
Name: <small>(First - Middle or Maiden - Last)</small>		
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Date:	Date: _____	Date: _____
Preferred or Nickname		
Address:	_____	_____
City, State / Zip:		
Alternate Address		
Address:	From: _____ To: _____	From: _____ To: _____
City, State / Zip:		
Religion:		
Home Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Cell Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Work Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Extra Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
E-mail:		
Marital Status: <small>(Single, Married, Widowed, Divorced)</small>		
Anniversary:	Date: _____	Date: _____
Occupation:		
Employer:		
Member Status: <small>(Active, Inactive, Deceased, Transferred)</small>		
Baptism:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____
First Communion:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____
Confirmation:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____

Children

Name (first, middle, last)	Birth Date	Grade	Baptized	1 st Communion	Confirmation
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
			yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____