

<b>Family (last) Name:</b>		<b>Street Address:</b>				<b>Confidential Census Data</b>			<b>OFFICE USE ONLY</b>				
<b>E-Mail Address:</b>		<b>Mailing Address:</b>							Family ID: _____				
<b>Phone:</b>	<b>Unlisted (Y-N)</b>	<b>City</b>		<b>State</b>					Registration Date: _____				
<b>Work Phone:</b>	<b>Cell:</b>	<b>Zip Code</b>		<b>How long at this address?</b>		<b>PLEASE PRINT ALL INFORMATION</b>							

**Date of Marriage:** \_\_\_\_\_ **Married in Catholic Church? Y N Where?** \_\_\_\_\_

First Name (Add last if different from family name)	Middle	Marital Status	Religion	Convert? (Y-N)	Sex	Date of Birth	Baptized (Y-N) Where?	Freq. of Church Attendance	First Comm. Where?	Receiving Communion?	Confirmed? (Y-N) Where?	Special Needs	Occupation	Education Grade or Degree	School
Head of House															
Spouse (Include Maiden Name)															
Single Adults Living in Home															
1.															
2.															
Children															
1.															
2.															
3.															
4.															
5.															

**Please use the corresponding codes when filling in Marital Status, Religion, Frequency of Church Attendance & Special Needs.**

**MARITAL STATUS**

- 1 - Married
- 2 - Single
- 3 - Widow/Widower
- 4 - Separated
- 5 - Divorced

**RELIGION**

- 1 - Catholic
- 2 - Protestant
- 3 - Other

**FREQUENCY OF CHURCH ATTENDANCE**

- 1. Weekly
- 2. Occasionally
- 3. Seldom
- 4. Never

**SPECIAL NEEDS**

- 1. Blind
- 2. Deaf
- 3. Mental Handicap
- 4. Physical Handicap
- 5. Shut In