

# Saint Joseph Church: Census Form

ENV. NO.

DATE

FAMILY LAST NAME		<b>INSTRUCTIONS FOR COMPLETING THE CENSUS</b>							
		<b>1.</b>	PLEASE PRINT NEATLY	<b>2.</b>	FILL IN ALL INFORMATION AS COMPLETELY AS POSSIBLE	<b>3.</b>	ALL ANSWERS WILL BE KEPT CONFIDENTIAL		
STREET ADDRESS		APT. NO.		How long have you lived in this area?					
CITY		ZIP		E-MAIL ADDRESS					
PHONE NUMBER									
<b>MALE</b>				<b>FEMALE</b> <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.					
NAME		DATE OF BIRTH		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					
<input type="checkbox"/> BAPTIZED ■ YES ■ NO	<input type="checkbox"/> COMMUNION ■ YES ■ NO	<input type="checkbox"/> CONFIRMED ■ YES ■ NO	<input type="checkbox"/> CONVERT ■ YES ■ NO	RELIGION (if not Catholic)	<input type="checkbox"/> BAPTIZED ■ YES ■ NO	<input type="checkbox"/> COMMUNION ■ YES ■ NO	<input type="checkbox"/> CONFIRMED ■ YES ■ NO	<input type="checkbox"/> CONVERT ■ YES ■ NO	RELIGION (if not Catholic)
<b>I ATTEND MASS</b>					<b>I ATTEND MASS</b>				
<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> LESS THAN OCCASIONALLY					<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> LESS THAN OCCASIONALLY				
<b>MARITAL STATUS</b>					<b>MARITAL STATUS</b>				
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED (# OF YEARS _____)					<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED (# OF YEARS _____)				
<b>THIS IS</b>					<b>THIS IS</b>				
<input type="checkbox"/> FIRST MARRIAGE <input type="checkbox"/> SECOND MARRIAGE <input type="checkbox"/> MARRIED BY A PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> FIRST MARRIAGE <input type="checkbox"/> SECOND MARRIAGE <input type="checkbox"/> MARRIED BY A PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER			ARE YOU		EMPLOYER		ARE YOU		
			<input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED				<input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED		
POSITION / TYPE OF WORK					POSITION / TYPE OF WORK				
<b>OTHER FAMILY MEMBERS WHO ARE DEPENDENT</b>					<i>College grads / Independent children should register on their own</i>				
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		
<b>OTHER INDEPENDENT PERSONS IN YOUR HOME</b>									
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:					FAMILY MEMBERS INTERESTED IN MORE INFORMATION ABOUT THE CATHOLIC CHURCH				
NAME:					NAME:				