

ST. FRANCIS OF ASSISI CHURCH
CENSUS 2016

FAMILY NAME: _____ TELEPHONE: _____

STREET ADDRESS _____ E-MAIL _____

MAILING ADDRESS (IF DIFFERENT) _____

DO YOU USE ENVELOPES? YES NO IF NO, WOULD YOU LIKE TO RECEIVE ENVELOPES? YES NO

PERSON #1

FIRST NAME _____ MIDDLE _____ LAST (IF DIFFERENT) _____

SEX: MALE FEMALE DATE OF BIRTH ____/____/____

MARITAL STATUS _____ DATE MARRIED ____/____/____

MAIDEN NAME _____

NATIONALITY _____ LANGUAGES SPOKEN _____

RELIGIOUS DENOMINATION _____ CONVERT: YES

CATHOLIC SACRAMENTS RECEIVED (include date and location if known):

BAPTISM _____

FIRST COMMUNION _____

CONFIRMATION _____

EDUCATION LEVEL _____ SCHOOL (if in attendance) _____

OCCUPATION _____ EMPLOYED YES NO

EMPLOYER'S NAME _____ TELEPHONE _____

ADDRESS _____

LIST SPECIAL SKILLS/INTERESTS/TALENTS _____

PERSON #2

FIRST NAME _____ MIDDLE _____ LAST (IF DIFFERENT) _____

RELATIONSHIP TO PERSON #1 _____

SEX: MALE FEMALE DATE OF BIRTH ____/____/____

MARITAL STATUS _____ DATE MARRIED ____/____/____

MAIDEN NAME _____

NATIONALITY _____ LANGUAGES SPOKEN _____

RELIGIOUS DENOMINATION _____ CONVERT: YES

CATHOLIC SACRAMENTS RECEIVED (include date and location if known):

BAPTISM _____

FIRST COMMUNION _____

CONFIRMATION _____

EDUCATION LEVEL _____ SCHOOL (if in attendance) _____

OCCUPATION _____ EMPLOYED YES NO

EMPLOYER'S NAME _____ TELEPHONE _____

ADDRESS _____

LIST SPECIAL SKILLS/INTERESTS/TALENTS _____

FAMILY NAME: _____

PERSON #3

FIRST NAME _____ MIDDLE _____ LAST (IF DIFFERENT) _____
RELATIONSHIP TO PERSON #1 _____
SEX: MALE FEMALE DATE OF BIRTH ____/____/____
MARITAL STATUS _____ DATE MARRIED ____/____/____
MAIDEN NAME _____
NATIONALITY _____ LANGUAGES SPOKEN _____
RELIGIOUS DENOMINATION _____ CONVERT: YES
CATHOLIC SACRAMENTS RECEIVED (include date and location if known):
 BAPTISM _____
 FIRST COMMUNION _____
 CONFIRMATION _____
EDUCATION LEVEL _____ SCHOOL (if in attendance) _____
OCCUPATION _____ EMPLOYED YES NO
EMPLOYER'S NAME _____ TELEPHONE _____
ADDRESS _____
LIST SPECIAL SKILLS/INTERESTS/TALENTS _____

PERSON #4

FIRST NAME _____ MIDDLE _____ LAST (IF DIFFERENT) _____
RELATIONSHIP TO PERSON #1 _____
SEX: MALE FEMALE DATE OF BIRTH ____/____/____
MARITAL STATUS _____ DATE MARRIED ____/____/____
MAIDEN NAME _____
NATIONALITY _____ LANGUAGES SPOKEN _____
RELIGIOUS DENOMINATION _____ CONVERT: YES
CATHOLIC SACRAMENTS RECEIVED (include date and location if known):
 BAPTISM _____
 FIRST COMMUNION _____
 CONFIRMATION _____
EDUCATION LEVEL _____ SCHOOL (if in attendance) _____
OCCUPATION _____ EMPLOYED YES NO
EMPLOYER'S NAME _____ TELEPHONE _____
ADDRESS _____
LIST SPECIAL SKILLS/INTERESTS/TALENTS _____

FAMILY NAME: _____

PERSON # _____	
FIRST NAME _____	MIDDLE _____ LAST (IF DIFFERENT) _____
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH ____/____/____
MARITAL STATUS _____	DATE MARRIED ____/____/____
MAIDEN NAME _____	
NATIONALITY _____	LANGUAGES SPOKEN _____
RELIGIOUS DENOMINATION _____	CONVERT: <input type="checkbox"/> YES
CATHOLIC SACRAMENTS RECEIVED (include date and location if known):	
<input type="checkbox"/> BAPTISM _____	
<input type="checkbox"/> FIRST COMMUNION _____	
<input type="checkbox"/> CONFIRMATION _____	
EDUCATION LEVEL _____	SCHOOL (if in attendance) _____
OCCUPATION _____	EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER'S NAME _____	TELEPHONE _____
ADDRESS _____	

PERSON # _____	
FIRST NAME _____	MIDDLE _____ LAST (IF DIFFERENT) _____
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH ____/____/____
MARITAL STATUS _____	DATE MARRIED ____/____/____
MAIDEN NAME _____	
NATIONALITY _____	LANGUAGES SPOKEN _____
RELIGIOUS DENOMINATION _____	CONVERT: <input type="checkbox"/> YES
CATHOLIC SACRAMENTS RECEIVED (include date and location if known):	
<input type="checkbox"/> BAPTISM _____	
<input type="checkbox"/> FIRST COMMUNION _____	
<input type="checkbox"/> CONFIRMATION _____	
EDUCATION LEVEL _____	SCHOOL (if in attendance) _____
OCCUPATION _____	EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER'S NAME _____	TELEPHONE _____
ADDRESS _____	

FAMILY NAME: _____

Please let us know which parish organizations/groups you and/or your family are a member. Mark each respective box "A" for active member or "I" for inactive but member.

TALENTS & SKILLS	PERSON											
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
Baking												
Carpentry												
Computer												
Cooking												
Crafts												
Electrical												
Landscaping												
Masonry												
Music												
Plumbing												
Professional Services (specify (Accounting, Legal, etc.)												
Publishing/Editing												
Sewing												
Other (list)												

Thank you for your time and consideration by completing the census form for your family.