

2010 Parish Census Form
Confidential
Parish Name
Address

Please Print All Information

Date Completed: _____

Family Name:	Home Phone: <input type="checkbox"/> check if unlisted	For Parish Use Only ID#	For Parish Use Only Date Registered:
Mailing address:	Street Address:	City:	State: ZIP:
Residency: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Student	If Seasonal/Student--Alternate Address:	City:	State: ZIP:
Family Type: <input type="checkbox"/> Two parent family with minor children <input type="checkbox"/> One parent family with minor children <input type="checkbox"/> Family with adult children	<input type="checkbox"/> Two or more adults living at the same address <input type="checkbox"/> Married couple with no children at home		

In case of emergency, please contact: (name) _____ (phone) _____

Are there homebound/bedridden persons in the household? Yes No If Yes, would they like Communion brought to them? Yes No

Are you receiving envelopes Yes No If Yes, Envelope Number: _____

Does anyone in your family have special needs? (mobility, hearing, sight, developmental disabilities, mental health, etc.) _____

Mass time preference: _____

ADDITIONAL CONTACT INFORMATION

Name	Business Phone	Email	Name	Business Phone	Email

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS IN YOUR HOUSEHOLD.
 ADULT CHILDREN (OVER 21) SHOULD REGISTER ON THEIR OWN EVEN IF THEY RESIDE IN YOUR HOME.**

Mr. Mrs. Miss Ms	First Name	Last Name (if different)	Sex (M/F)	Birth Date	Marriage Date	Single Sep/Div Widowed Annulled	Ethnicity	Primary Language/ Second Language	Baptized (Y/N)	First Communion (Y/N)	Confirmed (Y/N)	Occupation or Retired