ST. VINCENT DE PAUL BLESSED SACRAMENT CHURCH CENSUS FORM

ENV. # _____ IF YOU ARE NOT RECEIVING ENVELOPES NOW, WOULD YOU LIKE TO? (CIRCLE ONE.) Y N

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL ___ SPOUSE FIRST NAME _____ M/M MR MRS MISS MS DR DR/MRS

ADDRESS _____ CITY/STATE _____ ZIP __ __ __ __ __ - __ __ __

PHONE # ( ) _____ UNL (Y) (N) EMAIL _____ DATE REGISTERED _____

MARITAL STATUS (CIRCLE): CATHOLIC MAR. OTHER MAR. SING. DIV. SEP. WID. NUMBER OF CHILDREN AT HOME _____ (9/29/20)

MEMBER INFORMATION

	HEAD OF HOUSE	SPOUSE	ADULT/CHILD	CHILD	CHILD	CHILD	CHILD	CHILD
FIRST NAME								
SPOUSE LAST NAME IF DIFF.								
SEX								
MARITAL STATUS								
DISABILITY								
RELIGION								
LANGUAGE SPOKEN								
OCCUPATION								
EMPLOYER								
DEGREE/PRESENT GRADE								
BIRTH DATE M/D/YR								
BAPTIZED (Y) (N) M/D/YR								
CHURCH OF BAPTISM								
FIRST COMMUNION (Y) (N)								
CONFIRMATION M/D/YR								
CHURCH OF CONFIRMATION								
MARRIAGE M/D/YR								
CHURCH OF MARRIAGE								