

ST. ANDREW THE APOSTLE CHURCH CENSUS FORM

FAMILY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ UNLISTED: YES NO

CHURCH ATTENDANCE REGULAR FREQUENT OCCASIONAL SELDOM
☐ ☐ ☐ ☐

Martial Status

Married by Catholic Priest ☐ Single ☐ Widowed ☐

Married by Minister or Judge ☐ Separated ☐ Divorced ☐

Church of Marriage _____

Date _____

	HEAD OF HOUSEHOLD	SPOUSE
FIRST NAME		
LAST NAME (MAIDEN NAME)		
TITLE (CIRCLE ONE)	Mr Mrs Ms Miss Dr	Mr Mrs Ms Miss Dr
GENDER (CIRCLE ONE)	MALE FEMALE	MALE FEMALE
DATE OF BIRTH		
RELIGION		
HANDICAPPED? PLEASE DESCRIBE		
LANGUAGES SPOKEN		
OCCUPATION		
LAST SCHOOL ATTENDED		
HIGHEST GRADE/DEGREE		
BAPTIZED (YES OR NO) DATE		
PENANCE (YES OR NO) DATE		
FIRST COMMUNION (YES OR NO) DATE		
CONFIRMATION(YES OR NO) DATE		

ST. ANDREW THE APOSTLE CHURCH CENSUS FORM

FAMILY NAME _____

PLEASE FILL OUT A SECTION BELOW FOR EACH OTHER PERSON LIVING AT THE SAME ADDRESS. PRINT OUT AS MANY COPIES OF THIS PAGE AS ARE REQUIRED.

PLEASE RETURN ALL FORMS TO THE PARISH OFFICE OR DROP IN THE COLLECTION BASKET.

RELATIONSHIP		
FIRST NAME		
LAST NAME		
TITLE (CIRCLE ONE)	Mr Mrs Ms Miss Dr	Mr Mrs Ms Miss Dr
GENDER (CIRCLE ONE)	MALE FEMALE	MALE FEMALE
DATE OF BIRTH		
RELIGION		
HANDICAPPED? PLEASE DESCRIBE		
LANGUAGES SPOKEN		
OCCUPATION		
LAST SCHOOL ATTENDED		
HIGHEST GRADE/DEGREE		
BAPTIZED (YES OR NO) DATE		
PENANCE (YES OR NO) DATE		
FIRST COMMUNION (YES OR NO) DATE		
CONFIRMATION(YES OR NO) DATE		
MARTIAL STATUS		