

## HOLY ANGELS PARISH CENSUS REPORT

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

Member \_\_\_\_\_ Visitor \_\_\_\_\_ Nursing Home \_\_\_\_\_ Home Bound \_\_\_\_\_ please check the status that applies)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email address \_\_\_\_\_

Household Member	Last Name	First Name	Middle Name	Religion	Birth Date MM/DD/YY	If Baptized Approximate Date Parish Location	If Confirmed Approximate Date Parish Location	Maiden Name
Head of Household								
Spouse/Fiancé								

Marital Status (please check one) Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/er \_\_\_\_\_

If married, Date: \_\_\_\_\_ Church \_\_\_\_\_ Address \_\_\_\_\_

Would you like to receive the Catholic Herald paper? Yes \_\_\_\_\_ No \_\_\_\_\_

CONTINUE ON REVERSE SIDE WITH INFORMATION FOR YOUR CHILDREN

## HOLY ANGELS PARISH CENSUS REPORT

Please complete the following for those children living in your household:

Last Name	First Name	Middle Name (not initial)	Religion	Birth Date MM/DD/YY	M or F	Baptismal Date Parish Location Godparents	Confirmation Date Parish Location Sponsor	Current Grade Level (if still in school)

Please use the following chart for your children who are grown and no longer living in your household.

Last Name	First Name	Middle Name Not Initial	M or F	Birth Date MM/DD/YY	Baptismal Date Parish Location	Marital Status	Maiden Name	Spouse's Name

Use additional paper for additional children in either of the above categories. "Thank you" for your time and effort in completing the census in its entirety.