

ST. ANNE AND ASSUMPTION CATHOLIC CHURCH PARISHES
CONFIDENTIAL CENSUS FORM

() *St. Anne Parish*

(CHECK ONE)

() *Assumption Parish*

Family Name:

Home Phone:

Unlisted: _____ **Yes**
 _____ **No**

Street Address:

Mailing Address:

City, State, Zip Code:

FIRST NAME	NICKNAME	DATE OF BIRTH
Husband:		
Wife:		
SINGLE ADULTS	NICKNAME	DATE OF BIRTH
CHILDREN'S FIRST NAME (LAST, IF DIFFERENT FROM FAMILY NAME)	NICKNAME	DATE OF BIRTH

SPECIAL NEEDS & SITUATIONS

In the space below, you are invited to list and describe any special needs in the life of your family (or any member of your family) with which the Church might be able to assist you. Examples would be: visits to a homebound family member, the desire to pursue an annulment of one's previous marriage, and other special situations about which you might want us to know.

OTHER HELPFUL INFORMATION
(PLEASE PRINT ALL INFORMATION)

SPOUSES	RELIGION <i>(Circle one)</i>	BAPTIZED <i>(Circle one)</i>	CONFIRMED	VALID MARRIAGE	MADE FIRST COMMUNION
HUSBAND	Y N	Y N	Y N	Y N	Y N
WIFE	Y N	Y N	Y N	Y N	Y N

HUSBAND <i>Please circle one in the next column</i>	STATUS <i>(Please circle one)</i> Married Single Widower Separated Divorced	OCCUPATION/RETIRED <i>(Please note here)</i>	CHURCH ATTENDANCE <i>(Please circle one)</i> Weekly Occasionally Seldom Does not attend Cannot attend
WIFE <i>Please circle one in the next column</i>	STATUS <i>(Please circle one)</i> Married Single Widower Separated Divorced	OCCUPATION/RETIRED <i>(Please note here)</i>	CHURCH ATTENDANCE <i>(Please circle one)</i> Weekly Occasionally Seldom Does not attend Cannot attend

CHILDREN <i>(List Names)</i>	BAPTIZED	FIRST COMMUNION	CONFIRMED	DATE OF BIRTH	SCHOOL CURRENTLY ATTENDING
	Y N	Y N	Y N		
	Y N	Y N	Y N		
	Y N	Y N	Y N		
	Y N	Y N	Y N		
	Y N	Y N	Y N		
	Y N	Y N	Y N		

FOR CHURCH OFFICE USE ONLY

Family ID#	
Registry Date:	
Parish Area:	