

Office Use Only
Family #:
Pictures:
Bulletin
Criterion & UCA:
Welcoming Committee:

St. Michael & St. Francis
Census Form
Please Circle Your Parish: St. Michael St. Francis

How would you like your mail addressed:

Mr. Mrs. Ms. Mr./Mrs. Dr./Mrs. Dr./Mr.

Title First Name(s) Last Name

P.O. Box: _____

Street: _____

City: _____

State: _____

Zip (9 Digit If Known): _____

Phone: _____ Unlisted: Yes No

Office Use Only
Month & Year Registered

_____/_____

Do you have children in St. Michael's P-K &/or day care? Yes No

Would you like to receive the monthly newsletter by: (check one) Mail E-Mail _____

Marital Status

Single	<input type="checkbox"/>	Church Marriage	<input type="checkbox"/>	Civil Marriage	<input type="checkbox"/>
Living Together	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>		

Remarks (Directions To Your Home)

Member Information

Full Name			
Maiden Name			
Different Last Name			
Preferred 1st Name (Nickname)			
Head <input type="checkbox"/>	Adult <input type="checkbox"/>	Mother <input type="checkbox"/>	
Spouse <input type="checkbox"/>	Young Adult <input type="checkbox"/>		
Child <input type="checkbox"/>	In Law <input type="checkbox"/>		
Title			
Address			
City			
State & Zip			
E-Mail			
Cell #			
Web Page o			
Other			
Occupation			
Business Name & Phone			
School	Attends St. Paul's? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Attends Providence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grade - Present Or Last Attended			
Pre-School <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	14 <input type="checkbox"/>
Kindergarten <input type="checkbox"/>	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>
1 <input type="checkbox"/>	6 <input type="checkbox"/>	11 <input type="checkbox"/>	16 <input type="checkbox"/>
2 <input type="checkbox"/>	7 <input type="checkbox"/>	12 <input type="checkbox"/>	
3 <input type="checkbox"/>	8 <input type="checkbox"/>	13 <input type="checkbox"/>	
Sex	Male <input type="checkbox"/>		Female <input type="checkbox"/>
Birthday	Month:	Day:	Year
Remarks			
Marital Status			
Church Marriage <input type="checkbox"/>	Civil Marriage <input type="checkbox"/>	Living Together <input type="checkbox"/>	
Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Remarried <input type="checkbox"/>	
Sacramental Information			
Religion	Catholic <input type="checkbox"/>	Protestant <input type="checkbox"/>	None <input type="checkbox"/>
Baptism	Yes <input type="checkbox"/>	Date	Location
	No <input type="checkbox"/>		
1 st Eucharist	Yes <input type="checkbox"/>	Date	Marriage Date Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>
Confirmation	Yes <input type="checkbox"/>	Date	Penance Date Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>

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