

# St. Lawrence Parish Census Form



Today's date: \_\_\_\_\_

	Head of Household	Spouse
<b>Title: (Circle one)</b>	Mr. Mrs. Ms. Miss Dr. Other ____	Mr. Mrs. Ms. Miss Dr. . Other ____
<b>Name:</b>	First: _____ Last: _____ Middle: _____ Maiden: _____	First: _____ Last: _____ Middle: _____ Maiden: _____
<b>Gender: (Check one)</b>	Male Female	Male Female
<b>Birthday:</b>	Date: ____/____/____	Date: ____/____/____
<b>Preferred or Nickname</b>		
<b>STREET Address:</b>	_____	_____
<b>City, State, Zip:</b>	_____	_____
<b>MAILING Address:</b>	<b>P.O. Box</b> _____ <b>City</b> _____	<b>P.O. Box</b> _____ <b>City</b> _____
<b>Home Phone:</b>	____-____-____ unlisted	____-____-____ unlisted
<b>Work Phone:</b>	____-____-____ unlisted	____-____-____ unlisted
<b>Cell Phone:</b>	____-____-____ unlisted	____-____-____ unlisted
<b>E-mail address:</b>		
<b>Occupation:</b>		
<b>Employer:</b>		
<b>Church in which baptized:</b> (Name of church, city, state) <b>Sacraments:</b>	_____ Baptism 1 <sup>st</sup> Communion Confirmation Yes No Yes No Yes No	_____ Baptism 1 <sup>st</sup> Communion Confirmation Yes No Yes No Yes No
<b>Marital Status:</b>		
<b>Church in which married:</b> (Name of church, city, state) <b>Anniversary date:</b>	_____ Date: ____/____/____	_____ Date: ____/____/____
<b>Religion:</b> (If other than Catholic)		
<b>I currently practice my Catholic faith.</b> <b>How can we help you?</b>	Yes No Reason? _____	Yes No Reason? _____
<b>Permission to Report Contributions</b>	Yes No	Yes No

### Additional Information

	Head of Household	Spouse
<b>My Parents Name:</b>		
<b>High School I attended?</b>		
<b>Education after high school? (degrees, schools attended)</b>		

### Children (Current dependents)

Name (first, middle, last)	Birth date:	Where Baptized?	1 <sup>st</sup> Comm.	Confirmed	Grade	School
	Date: ___/___/___		Yes No	Yes No		
	Date: ___/___/___		Yes No	Yes No		
	Date: ___/___/___		Yes No	Yes No		
	Date: ___/___/___		Yes No	Yes No		
	Date: ___/___/___		Yes No	Yes No		
	Date: ___/___/___		Yes No	Yes No		

### Adult Children

Name	Married?	Spouse's Full Name.	Address (city, state) (or college)
	Yes No	_____	
	Yes No	_____	
	Yes No	_____	
	Yes No	_____	
	Yes No	_____	
	Yes No	_____	

**Other Pertinent Information:**

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