

HOLY FAMILY PARISH CENSUS FORM

Dear Holy Family Parishioners,

You can help me update Holy Family Parish records by completing this census form. I have NO digital data about your children living at home: names, birthdays, sacramental information, or grade. I have NO digital data about your adult children. This is very helpful information for me as your pastor when I plan for First Communion, Confirmation, funerals, diocesan reports, etc. I appreciate your help with this. You can return the completed form in the Vigil Mass collection basket OR deliver/mail to St. Lawrence Church; 1607 N. West St.; Carroll IA 51401. **THANK YOU!** –Fr. Schott



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

**Children (Current dependents)
Living at home or in college**

Name (first, middle, last)	Birth date:	Where Baptized?	1 st 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:
