ID/Envelope No.: _____
Registration Date: _____

CENSUS WORKSHEET (Please Print)

LAST NAME: _____FIRST NAME:_____SPOUSE_____(M/M, Mr., Mrs. Miss, Ms., Dr., _____)

ADDRESS: _____CITY/STATE/ZIP _____ PHONE _____

HUSBAND: PHONE (w)_____ (c)_____ MARITAL STATUS: (Circle One) Catholic Marriage, Married, Single, Widowed, Separated, Divorced

WIFE: PHONE (w)_____ (c)_____ EMAIL ADDRESS: _____ OK to publish your phone No.? (Y) (N)

	HUSBAND	WIFE	SINGLE ADULT	CHILD	CHILD	CHILD	CHILD
FIRST NAME							
LAST NAME (if different) SPOUSE MAIDEN NAME							
MARITAL STATUS							
HANDICAP							
RELIGION							
Second LANGUAGES SPOKEN							
OCCUPATION							
SCHOOLS ATTENDING							
Enrolled in St. Francis of Assisi Religious Ed. Program (Y) (N)							
SEX (Male/Female)							
BIRTHDATE (M/D/Y)							

PLEASE ENTER "Y" OR "N" FOR ALL SACRAMENTS. INCLUDE DATE, IF POSSIBLE

BAPTIZED (Y) (N)							
FIRST COMMUNION (Y) (N)							
CONFIRMATION (Y) (N)							
DATE MARRIED							

Click here to submit - please note document is NOT encoded