

St. Matthew Roman Catholic Church Census/Registration Form

Env. # _____

TITLE
<input type="checkbox"/> Mr. & Mrs.
<input type="checkbox"/> Dr. & Mrs.
<input type="checkbox"/> Mr. & Dr.
<input type="checkbox"/> Mr.
<input type="checkbox"/> Mrs.
<input type="checkbox"/> Miss
<input type="checkbox"/> Ms.
<input type="checkbox"/> Other

Family Last Name _____

TODAY'S DATE _____

Address _____ PO Box _____

City, State, Zip _____ Phone # _____

Email Address _____ Are you or a family member homebound? Yes ___ No ___

Marital Status: Single _____ Single Parent _____ Married _____ Divorced _____ Separated _____ Widowed _____

Were you married by a: (circle one) Catholic Priest/Deacon Minister Justice of the Peace

Family Member Info (Full Names)		Religion	Birth Date	Baptized? Circle One	First Communion?	Confirmed? Circle One	Marriage Information DATE _____	Occupation
Husband or Head of Household			_ / _ / _	Yes No Here ? YES NO	Yes No Here ? YES NO	Yes No If Yes, Here? YES NO	PLACE _____ Here? YES NO	
Spouse			_ / _ / _	Yes No Here? YES NO	Yes No Here ? YES NO	Yes No Here? YES NO		
							PLEASE LIST ANY SPECIAL NEEDS	
1) Children (Living at home)	M/F		_ / _ / _	Yes No Here? YES NO	Yes No Here ? YES NO	Yes No Here? YES NO		
2)	M/F		_ / _ / _	Yes No Here? YES NO	Yes No Here ? YES NO	Yes No Here? YES NO		
3)	M/F		_ / _ / _	Yes No Here? YES NO	Yes No Here ? YES NO	Yes No Here? YES NO		
4)	M/F		_ / _ / _	Yes No Here? YES NO	Yes No Here ? YES NO	Yes No Here? YES NO		
5)	M/F		_ / _ / _	Yes No Here? YES NO	Yes No Here ? YES NO	Yes No Here? YES NO		
6)	M/F		_ / _ / _	Yes No Here? YES NO	Yes No Here ? YES NO	Yes No Here? YES NO		

If you need more space use the back of this form.