ST. THEODORE'S CHURCH CENSUS

PLEASE PRINT ALL INFORMATION

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Last Name

Wife's Maiden Name

Office Use Only

Parishioner Number

House Number

Street Name

Apt. #

Home Phone Number

Check if un-listed

Registered

Month Year

City/Post Office

Zip Code

+4

ANSWER QUESTIONS BELOW BY SELECTING THE APPROPRIATE NUMBER

Check if you want to receive:

Envelopes

First Name of ADULT Family Members	M.I.	SEX (M 1, F 2)	DATE of BIRTH Mo.	Day	Yr.	IMPAIRED (1 Visually, 2 Hearing, 3 Develop., 4 Wheelchair, 5 Homebound)	Marital Status (1.Sing, 2 Mar., 3 Wid., 4 Sep., 5 Div.)	By Priest/ Deacon (1 Yes, 2 No)	BAPT. (1 Cath, 2 Othr, 3 No)	1st. COMM. (1 Yes, 2 No)	CONF. (1 Yes, 2 No)	MASS (1 Wkly, 2 Occa, 3 Seld, 4 Nevr)	WORK STATUS (Full T., Part T., Ret., Unemp, Homemaker, Stu.)	Occupation	Work Phone

Dependent Children Living at Home

List children oldest to youngest

Language Spoken at Home

Please circle appropriate number/s

1 English

2 Italian

3 Spanish

4 Vietnamese

5 Other