

ST. GABRIEL'S PARISH CENSUS FORM

ENV. # _____

Family Last Name: _____ Address: _____ City: _____ Zip _____

Phone: _____ unlisted yes no Wife's Maiden Name: _____ Date of Marriage: ____/____/____

Place of Marriage (Church or other venue) _____ City: _____ State: _____ Email _____

Today's Date: ____/____/____

****CHILDREN'S BAPTISMAL CERTIFICATE MUST BE ATTACHED**

AND INDICATE FAMILY NAME IF DIFFERENT FROM ABOVE

	HEAD OF HOUSEHOLD	SPOUSE	1 ST CHILD* *	2 ND CHILD* *	3 RD CHILD* *
First Name/Middle Initial					
Date of Birth					
Sex					
Marital Status (See Reverse)					
Religion					
Date of Baptism					
Church of Baptism					
City/State					
Date of First Penance					
Date of 1 st Holy Communion					
Date of Confirmation					
Mass Attendance (See Reverse)					
Receiving Communion (See Reverse)					

INSTRUCTIONS FOR COMPLETING THE CENSUS FORM

PLEASE PRINT AND ANSWER ALL QUESTIONS

For MARITAL STATUS, MASS ATTENDANCE, RECEIVING COMMUNION, please enter one of the following codes for each on reverse.

MARITAL STATUS

CODE	DESCRIPTION
2	Married by a priest, or minister with church approval
3	Married by a minister or civil official
4	Single
5	Divorced
6	Widowed
7	Separated

MASS ATTENDANCE

CODE	DESCRIPTION
2	Daily
3	Weekly
4	Monthly
5	Other

RECEIVING COMMUNION

CODE	DESCRIPTION
2	Frequently
3	Seldom
4	Never