

Cathedral of Saint Catharine of Siena Parish Census Information Form

Registration Date: Family Last Name:		Information taken by:		
		Mailing Name:	Main Phone: (home or cell)	
Address:				urtment Number
City		State	Zip Code	
Husband /	Single Male			
First Name		Middle Name	Last Name	
Date of Birth	E-ma	iil Address	Cell Phone	
Marital Status:	ivorced, Remarried, Widowed	Employed?:	Occupation	Place of Employment
Religion:	Protestant, etc.	, are you a convert?	If Protestant, what denor	nination?
Sacraments: Baptism	: YesNo	Communion: Yes	No Confirmat	ion: <i>YesNo</i>
Wife /	Single Female			
First Name		Middle Name	Last Name	Maiden Name (if applicable)
Date of Birth		uil Address	Cel	l Phone
Marital Status:	ivorced, Remarried, Widowed	Employed?:	Occupation	Place of Employment
Religion:	Protestant, etc. If Catholic	, are you a convert?	If Protestant, what denor	nination?
Sacraments: Baptism	: YesNo	Communion: Yes	<i>No</i> Confirmat	ion: <i>YesNo</i>
Marriage Informat	ion:			
	Date of Marriage	Religious Affiliation of Church	Name of Church	Valid, Invalid, Sacramental, Non-Sacramen

Children Living at Home (list from oldest to youngest) First child: Date of Birth Religion First, Middle, Last Name Sex (M/F)School/Place of Employment Current grade PREP? (Y/N) **Sacraments:** Communion: Yes No Confirmation: Yes No Baptism: Yes No **Second child:** First, Middle, Last Name Sex (M/F)Date of Birth Religion School/Place of Employment Current grade PREP? (Y/N) **Sacraments:** Communion: Yes No Confirmation: Yes No Baptism: Yes No Third child: First, Middle, Last Name Sex (M/F)Date of Birth Religion School/Place of Employment Current grade $\overline{PREP?}$ (Y/N)Communion: _____ Yes _ No Confirmation: Yes No **Sacraments:** Baptism: Yes No Others Living in the Home First, Middle, Last Name Relationship Date of Birth Religion

Notes: