

ST. GABRIEL'S PARISH CENSUS FORM

ENV. # _____

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

Phone: _____ Wife's Maiden Name: _____ Date of Marriage: ____/____/____ email _____

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

Today's Date: ____/____/____

*** PLEASE ATTACH CHILDRENS BAPTISMAL CERTIFICATES**

AND INDICATE FAMILY NAME IF DIFFERENT FROM ABOVE

	HEAD OF HOUSEHOLD	SPOUSE	1 ST CHILD*	2 ND CHILD*	3 RD CHILD*	4 TH CHILD*
First Name/Middle Initial						
Date of Birth						
Sex						
Marital Status (See Reverse)						
Religion						
Date of Baptism						
Church of Baptism						
City/State/Zip						
Date of First Penance						
Date of 1 st Communion						
Date of Confirmation						
Mass Attendance (See Reverse)						
Receiving Communion (See Reverse)						
Handicapped (See Reverse)						

INSTRUCTIONS FOR COMPLETING THE CENSUS FORM

PLEASE PRINT AND ANSWER ALL QUESTIONS

For **MARITAL STATUS, MASS ATTENDANCE, RECEIVING COMMUNION AND HANDICAP**, 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

HANDICAP	
CODE	DESCRIPTION
2	Blind
3	Deaf
4	Hearing Impaired
5	Other