

Date of Census \_\_\_\_\_

Budget Envelope # \_\_\_\_\_ Family Name \_\_\_\_\_

House #                      Street                                              Apartment #

City                                              State                      Zip                                              Home Phone

Work Phone                                              Email

*Please list all your family members in residence and answer the questions in each column.*

Member Name: First and Last if different from above	Marital Status: Church & Address: Date:	Roman Catholic Yes or No:	Date of Birth: mm/dd/yr

Place the appropriate letter in each corresponding box as it pertains to you and your family members.

Marital Status	Work Status	Occupation & Talents	Mass Attendance	Ministries
A. Catholic Marriage B. Non-Catholic Marriage C. Divorced D. Separated E. Widowed F. Single	A. Employed B. Retired C. At Home D. Student E. Disabled	A. Accounting B. Art C. Computer D. Construction E. Electrical F. Plumbing G. Lawyer H. Nurse I. Medical Doctor J. Secretarial K. Other (Please note)	A. Weekly B. Occasionally C. Seldom D. Homebound	A. CCD B. Extraordinary Ministry C. Lector D. Usher E. Altar Server F. Choir G. St. Vincent de Paul H. Knights of Columbus I. Legion of Mary J. Prayer Group K. Knitters L. 20-Week Club M. Event Planning

Baptism Yes or No: Church & Address Date:	First Communion Church & Date	Confirmation Church & Date	Mass Attendance	Work Status	Occupation & Talents	Ministries