

# St. Louis Chapel of Parks

## PARISH CENSUS

Date: \_\_\_\_\_

**Please Complete Form.**

*Circle Answer Where Appropriate. (All information is strictly confidential and if you feel uncomfortable answering questions, please feel free to skip those.)*

FAMILY NAME

ADDRESS

CITY

ZIP

HOME  
OFFICE  
PHONE

PHONE

Marital Status: Single      Married Separated    Divorced      Widowed			Married by a Priest Yes    No		Language Spoken at Home English Other _____			Date of Marriage (if applicable)		
Children or others living at	Year of Birth	Religion		Baptism	First Commun.	Confirm	Educational Level			Occupation
		Catholic	Other				School	School	Grad.	
Head of Household				Yes No	Yes No	Yes No	Grade	High	College	
Spouse				Yes No	Yes No	Yes No				
Children or others living at this address First Names	Year of Birth	Religion		Baptism	First Commun.	Confirm	Type of School Attending			Occupation
		Catholic	Other				Cath.	Public	Other CCD	
				Yes No	Yes No	Yes No			Yes No	
				Yes No	Yes No	Yes No			Yes No	
				Yes No	Yes No	Yes No			Yes No	
				Yes No	Yes No	Yes No			Yes No	

(Please submit additional names on separate page with same info)