CONFIDENTIAL PARISH CENSUS - ST. PETER

Family Name_____

Address_____**Date**_____

Home Telephone_____**Business Telephone**_____**Email**_____

Marital Status (Please circle) **Married (by a Priest)** **Widow/Widower** **Divorced**

Married (by a Minister) **Single** **Separated**

Wedding Date:_____ **Place/City of Marriage:**_____

Church Attendance: (Please Circle) **Frequent** **Regular** **Occasional** **Seldom**

List ony those living with you (include last name if different)	Name	Date of Birth	Male or Female	Religion	Baptism Yes/No (add date if known)	1st Communion Yes/No (add date if known)	Confirm Yes/No (add date if known)	Occupation	Will use envelopes Yes/No	Would like to receive Vt Catholic Tribune Yes/no)
Husband:										
Wife: (Maiden Name Also)										
Children:										

Please mail to: St. Peter Church, 134 Convent Ave. Rutland VT 05701
or drop in Offertory basket at Mass
Please note: Everyone who wants to be listed as a member of St. peter Church (even if you don not use envelopes) must complete this form