

CENSUS FORM

St. Edward The Confessor, PO Box 8866, New Fairfield, CT 06812

Parish

No. _____ Date _____ Receptionist At Front Desk Who Received This _____

FAMILY INFORMATION (Please print on Both Sides)

Family Name _____ First _____ Spouse _____

Title: Mr.&Mrs. Mr. Mrs. Ms. Marital Status: Married Single Divorced Separated Widow(er)

Street Address: _____ PO Box No. _____

City: _____ State: _____ Zip: _____ Phone: _____ Unlisted? (Y) (N)

Attending St. Edward's 0-3 Mos. 6-9 Mos. Longer Email Address: _____

Would like to volunteer for _____ Talents/Skills: _____

INFORMATION YOU FEEL THE PRIESTS SHOULD KNOW

FAMILY MEMBER INFORMATION (Use one column for each member)

<u>First Name</u>					
Sex	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
Family Relationship (Head, Spouse, Child)					
Maiden Name or Different Last Name					
<u>Marriage Date</u>					
<u>Religion</u>					
<u>Disability</u>					
Languages Spoken Other Than Eng.					
<u>Occupation</u>					
<u>Student - Grade</u>					
<u>Location of Work/School</u>					
<u>Bus. Phone</u>					
<u>Birthdate Month/Day/Year</u>					
<u>Baptism</u>	Yes No	Yes No	Yes No	Yes No	Yes No
<u>1st Communion</u>	Yes No	Yes No	Yes No	Yes No	Yes No
<u>Confirmation</u>	Yes No	Yes No	Yes No	Yes No	Yes No