

PLEASE PRINT CLEARLY - COMPLETE BOTH SIDES OF FORM

FAMILY NAME _____ EMAIL _____
 STREET ADDRESS _____ 2nd EMAIL _____
 TOWN _____ STATE _____ ZIP _____

MAILING ADDRESS (if different) _____
 TOWN _____ STATE _____ ZIP _____

TELEPHONE (daytime) _____ TELEPHONE (evening) _____
 CELL (optional) _____ CHECK IF UNLISTED _____
 HOW MANY YEARS HAS THIS HOUSEHOLD BEEN REGISTERED IN THE PARISH? _____

PLEASE INDICATE CHOICES BY CORRESPONDING NUMBER

St. Aedan-St. Brendan New Haven CT Parish Census Information
FOR OFFICE USE ONLY
Family ID _____
Date Registered _____
Parish Area _____
ALL INFORMATION IS CONFIDENTIAL FOR PARISH STAFF ONLY

1 2 3 4 5 6 7 8 9 10	LIST BELOW NAMES OF ALL MEMBERS OF FAMILY RESIDING IN THIS HOUSEHOLD Mr. & Mrs., Mr., Mrs., Ms, Miss, Dr., Dr. & Mrs./Mr.	MARITAL STATUS or Relationship 1. Married 2. Single 3. Widowed 4. Separated 5. Divorced 6. Child 7. Parent	DATE MARRIED (m/d/y)	MARRIED BY PRIEST/DEACON? Y / N	RELIGION 1. Catholic 2. Bapt. 3. Cong. 4. Epis. 5. Luth. 6. Meth 7. Presb. 8. Jewish 9. Islamic 10. Orthodox 11. Other	SEX M / F	DATE OF BIRTH (m/d/y)	BAPTIZED YES / NO DATE IF KNOWN	CHURCH ATTENDANCE 1. Weekly 2. Occas. 3. Seldom 4. Do not attend	FIRST COMM. Y / N	CONFIRMATION Y / N	SPECIAL NEEDS 1. Blind 2. Deaf 3. Mentally Impaired 4. Physically Impaired 5. Learning Impaired 6. Shut-in 7. Other (Specify)	OCCUPATION Please Specify

Comments, Special Concerns, Need to Meet with Priest or Pastoral Staff Member?

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