

Registration/Parish Census Renewal –2010

Head of Household

Name: (First, Middle, Last) _____

Nickname: (if any) _____

Gender: (circle) Male Female

Religion _____ Birthday: (Month/Day/Year) _____

Marital Status: (circle one) Single Married Separated Divorced Widowed

Special needs: (circle those that apply) Disabled Wheelchair-bound Home-bound
Hearing Impaired Other _____

Home Address (include street address and PO Box, City and Zip): _____

Home phone number: _____ Cell Phone: _____

Occupation: _____ Work Phone (if able to receive calls): _____

Email Address _____

If Married...

Date and Year of Marriage _____

Name of Spouse _____

Nickname of Spouse (if any) _____

Spouse's Religion _____ Spouse's Birthday(Month/day/year) _____

Special needs: (circle those that apply) Disabled Wheelchair-bound Home-bound
Hearing Impaired Other _____

Cell Phone: _____

Occupation: _____ Work Phone (if able to receive calls): _____

Email Address _____

If Children (at home or at college)

Name	Birthday(Month/day/year)	Grade	Age
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Ideas to make our parish or cluster better: _____

Other comments/suggestions: _____