

LAST NAME: _____

Date Registered at OLB _____

HEAD OF HOUSEHOLD'S FIRST NAME: _____

OFFICE USE ONLY

ID # _____

Entered: _____

YOUR SPOUSE'S PREFERRED NAME: _____

Envelope packet _____

Labels: _____

ADDRESS: _____

(STREET)

(CITY/STATE/ZIP)

PREFERRED TO BE ADDRESSED AS: MR. & MRS. MR. MRS. MS. MISS DR. OTHER _____

(CIRCLE ONE)

MARITAL STATUS: CHURCH MARRIAGE MARRIED SINGLE WIDOW SEPARATED DIVORCED ANNULMENT

(CIRCLE ONE)

HOME PHONE: _____ UNLISTED? YES () NO ()

BUSINESS/CELL PHONE: HEAD OF HOUSEHOLD () SPOUSE ()

CENSUS INFORMATION	HEAD OF HOUSEHOLD	SPOUSE	OTHER ADULT/CHILD	CHILD	CHILD
FIRST NAME					
LAST NAME/FEMALE'S MAIDEN NAME					
MARITAL STATUS					
HANDICAP/DISABILITY					
RELIGION					
LANGUAGES SPOKEN/ETHNICITY					
OCCUPATION					
EMPLOYER					
SCHOOL ATTENDING/ATTENDED					
YEARS OF EDUCATION COMPLETED/DEGREE					
SEX (MALE/FEMALE)					
BIRTH DATE (MO/DAY/YEAR)					
BAPTIZED (YES/NO) (MO/DAY/YEAR) WHERE?					
FIRST COMMUNION (YES/NO) (MO/DAY/YEAR) WHERE?					
PENANCE (YES/NO)					
CONFIRMATION (YES/NO) (MO/DAY/YEAR) WHERE?					
DATE/PLACE MARRIED					

E-MAIL ADDRESS(ES)