

Family Last Name

# Transfiguration Parish Census Registration

Family Unit Questionnaire

I.D. #

DATE:

## PLEASE PRINT

**1. HEAD OF HOUSEHOLD:**

LAST NAME	FIRST NAME	M.I.	BIRTHDATE Mo./Day/Yr.	EMPLOYER	TITLE	BUS. PHONE	EXT.
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**2. SPOUSE:**

LAST NAME	FIRST NAME	M.I.	BIRTHDATE Mo./Day/Yr.	EMPLOYER	TITLE	BUS. PHONE	EXT.
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**MAIDEN NAME:** \_\_\_\_\_

**3. ADDRESS:  
(RESIDING)**

STREET NO.	STREET NAME	APT. NO.	PO BOX	CITY	STATE	ZIP CODE
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**ADDRESS:  
(MAILING)**

STREET NO.	STREET NAME	APT. NO.	PO BOX	CITY	STATE	ZIP CODE
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[IF DIFFERENT FROM RESIDING ADDRESS]

**SECONDARY  
ADDRESS:**

STREET NO.	STREET NAME	APT. NO.	PO BOX	CITY / STATE	ZIP CODE	PHONE
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DATES AT 2<sup>ND</sup> ADDRESS: FROM \_\_\_\_\_ TO \_\_\_\_\_ SEND MAIL HERE DURING THIS TIME?  YES  NO  
MONTH / DAY MONTH / DAY

**4. PHONE:**

HOME PHONE	<input type="checkbox"/> UNLISTED	ADDITIONAL PHONE	EMAIL ADDRESS
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**5. MARITAL STATUS:**  SINGLE  MARRIED  WIDOW(ER)  SEPARATED  DIVORCED

DATE OF MARRIAGE: _
PLACE:
CITY/STATE:

**6. DO YOU WISH TO RECEIVE DONATION ENVELOPES?** YES NO

**7. DO YOU WISH TO RECEIVE THE "CATHOLIC TELEGRAPH"?** YES NO

**PLEASE COMPLETE BOTH SIDES**

FAMILY  
NAME:

LAST

PLEASE INCLUDE **ALL** FAMILY MEMBERS,  
AS WELL AS ALL OTHERS WHO RESIDE IN THE HOME

FIRST NAME	M. I.	LAST NAME, IF DIFFERENT	SEX M/F	RELATIONSHIP TO HEAD OF FAMILY	BIRTHDATE	PRESENT SCHOOL GRADE	CCD GRADE	NON-CATHOLIC?	Baptized	Church of Baptism	First Communion	Confirmation
1										City	State	
2										City	State	
3										City	State	
4										City	State	
5										City	State	
6										City	State	
7										City	State	
8										City	State	
9										City	State	

MEMBER  
REMARKS