

# CENSUS FORM

**ST. EDWARD THE CONFESSOR, 21 BRUSH HILL RD., NEW FAIRFIELD, CT 06812**

Parish

No. \_\_\_\_\_ Date \_\_\_\_\_ Receptionist at Front Desk Who Received This \_\_\_\_\_

Envelope # Assigned: \_\_\_\_\_ (*office use only*)

---

## **FAMILY INFORMATION (PLEASE PRINT ON BOTH SIDES)**

---

Family Name Last \_\_\_\_\_ First \_\_\_\_\_ Spouse \_\_\_\_\_

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

Street Address: \_\_\_\_\_ PO Box No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Unlisted? (Y) (N)  
Cell Phone: \_\_\_\_\_

Time 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)**

<b><u>First Name</u></b>					
<b>Sex</b>	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
<b>Family Relationship (Father, Mother, Child)</b>					
Maiden Name or Different Last Name					
<b><u>Marriage Date</u></b>					
<b><u>Religion</u></b>					
<b><u>Disability</u></b>					
Languages Spoken Other Than English					
<b>Occupation</b>					
<b><u>If a Student– Grade?</u></b>					
<b><u>Location of Work/School</u></b>					
<b><u>Work. Phone</u></b>					
<b><u>Cell Phone</u></b>					
<b><u>Birthdate Month/Day/Year</u></b>					
<b><u>Baptism</u></b>	Yes No	Yes No	Yes No	Yes No	Yes No
<b><u>1<sup>st</sup> Communion</u></b>	Yes No	Yes No	Yes No	Yes No	Yes No
<b><u>Confirmation</u></b>	Yes No	Yes No	Yes No	Yes No	Yes No