

Head of Household: \_\_\_\_\_

DIOCESE OF GALVESTON-HOUSTON - ROMAN CATHOLIC CENSUS FORM

Instruction 1. This form is for parish use only. Your cooperation will help your parish to serve you  
 2. Please print all answers clearly and use an "X" to answer "Yes-No" type questions  
 3. Please return this completed census form to your parish this week if possible

Today's Date  
 \_\_\_\_\_

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Rural \_\_\_\_\_ P.O. \_\_\_\_\_  
 Address \_\_\_\_\_ Route \_\_\_\_\_ Box \_\_\_\_\_  
 City \_\_\_\_\_ ZIP Code \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_

				Sacraments Received						Married by a Priest or Deacon						
Head of household & spouse (if any)		Date of Birth	Marital Status	Religion	Baptized		First Communion		Confirmation		Yes	No	Education Completed	Occupation		
			Circle One		Yes	No	Yes	No	Yes	No	Yes	No				
1. Name _____			Married Single Wid. Sep Div													
2. Name _____			Married Single Wid. Sep Div													
Dependent Children		Date of Birth	Sex		Religion	Baptized		First Communion		Confirmation		Education		Attend Religion Class		
			Male	Female		Yes	No	Yes	No	Yes	No	Catholic	Other	Present Grade Level	Yes	No
3. Name _____																
4. Name _____																
5. Name _____																
6. Name _____																
6. Name _____																
7. Name _____																
8. Name _____																
9. Name _____																
Other Adults In Your Home		Date of Birth	Marital Status	Religion	Baptized		First Communion		Confirmation		Married by a Priest or Deacon		Education Completed	Occupation		
			Circle One		Yes	No	Yes	No	Yes	No	Yes	No				
10. Name _____			Married Single Wid. Sep Div													
11. Name _____			Married Single Wid. Sep Div													

Do you receive the Diocesan Newspaper - "The Texas Herald"? Yes / No Do you wish to receive the Diocesan Newspaper? Yes / No

Where do you most often attend Church? Name of Church \_\_\_\_\_ City \_\_\_\_\_

Is there a personal need you would like to discuss with your priest? Yes / No

Are there persons in your home with special needs? If so please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_