

**CATHOLIC COMMUNITY OF THE EPIPHANY CENSUS FORM**  
*All Information is held CONFIDENTIAL.*

**Family Last Name** \_\_\_\_\_  
 (Please Print)

Date: \_\_\_\_\_

Envelope# ( ) For office use only

<b>Home Street Address (mailing label):</b>		<b>City &amp; State:</b>		<b>Zip Code:</b>
<b>Home Phone:</b> ( )	<b>How would you like your mail to be addressed? (circle one)</b> <i>Mr. &amp; Mrs. Mr. Mrs. Ms. Miss Other: (Please Specify)</i>			
<b>Cell Phone:</b> ( )	<b>Cell Phone:</b> ( )		<b>E-mail Address:</b>	
<b>Marital Status (Please Circle):</b> <i>Single</i> <i>Married</i> <i>Divorced/Annulment</i> <i>Separated</i> <i>Widowed</i>				
If Married →	<b>Marriage Date:</b>	<b>Church</b>	<b>City</b>	<b>Catholic Ceremony (Y/N):</b>

**INDIVIDUAL HISTORY (Please enter dates if known otherwise put Y or N in the sacrament box)**

	First Name	Middle Initial	Birth Date (00/00/00)	Male/Female	Occupation	Religion	Baptized (Y/N)	First Communion (Y/N)	Confirmed (Y/N)
Head-of-Household									
Spouse									
<i>Single adults living in the household that are over the age of eighteen. Please include last name if different from Head of Household.</i>									
Single Adult									
Single Adult									
<i>Minor children living in household. Please include last name if different from head of Household.</i>									
Child									
Child									
Child									
Child									
Child									

**Special Needs**

If homebound, would you like to receive Eucharist? \_\_\_\_\_ YES \_\_\_\_\_ NO

(Please Check Box) Additional remarks/information is detailed on the reverse side.

Completed Forms may be placed in the Sunday Collection Basket.