

St. Mary's Parish
519 East Fourth Street – Alton, IL 62002

Census Form

FAMILY NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER _____

PLEASE FILL OUT MEMBER INFORMATION FOR EACH MEMBER OF YOUR FAMILY
USE ADDITIONAL PAPER IF NECESSARY

1. Questions regarding Head of Household:

Full Name: _____ Title (Mr., Mrs., Dr., Ms etc.) _____

Maiden Name: _____ Birthdate: _____

Religion: _____ Marital Status: _____

Occupation: _____ Racial/Ethnic Group: _____

Sacraments Received:

Baptism Date _____ Where? _____

First Communion Date _____ Where? _____

Confirmation Date _____ Where? _____

Marriage Date _____ Where? _____

Was this a sacramental marriage within the Catholic Church? _____ If divorced, was there an
anullment? _____ Do you need an anullment? _____

2. Questions regarding Spouse:

Full Name: _____ Title (Mr., Mrs., Dr., Ms etc.) _____

Maiden Name: _____ Birthdate: _____

Religion: _____ Marital Status: _____

Occupation: _____ Racial/Ethnic Group: _____

Sacraments Received:

Baptism Date _____ Where? _____

First Communion Date _____ Where? _____

Confirmation Date _____ Where? _____

Marriage Date _____ Where? _____

Was this a sacramental marriage within the Catholic Church? _____ If divorced, was there an
anullment? _____ Do you need an anullment? _____

3. Questions regarding children living at home:

Name _____ Birth Date _____

Religion _____ Baptized _____ First Communion _____ Confirmation _____

School attending _____ Grade _____ Racial Ethnic Group _____

attending PSR Classes _____

Name _____ Birth Date _____
Religion _____ Baptized _____ First Communion _____ Confirmation _____
School attending _____ Grade _____ Racial Ethnic Group _____
attending PSR Classes _____

Name _____ Birth Date _____
Religion _____ Baptized _____ First Communion _____ Confirmation _____
School attending _____ Grade _____ Racial Ethnic Group _____
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Name _____ Birth Date _____
Religion _____ Baptized _____ First Communion _____ Confirmation _____
School attending _____ Grade _____ Racial Ethnic Group _____
attending PSR Classes _____

SPECIAL NEEDS/COMMENTS: