

ST. RAPHAEL'S CENSUS FORM – DULUTH, MN 55811

Please Print

FAMILY LAST NAME: _____

TITLE: (Circle one:) Mr & Mrs Mr Mrs Ms Dr Dr & Mrs _____
(Other)

ADDRESS: _____

CITY

ZIP

HOME PHONE: _____

Information on each individual in the family:

ADULT ONE:

First Name: _____

Birthdate: ____/____/____
Month Date Year

Religion: _____

Occupation: _____

Work Phone: _____

Place of Employment: _____

Baptism: Yes/No

First Communion: Yes/No

Confirmation: Yes/No

Marital Status (Circle one): Married / Widowed / Divorced / Single / Separated

Maiden Name before marriage: _____

ADULT TWO:

First Name: _____

Birthdate: ____/____/____
Month Date Year

Religion: _____

Occupation: _____

Work Phone: _____

Place of Employment: _____

Baptism: Yes/No

First Communion: Yes/No

Confirmation: Yes/No

Marital Status (Circle one): Married / Widowed / Divorced / Single / Separated

Maiden Name before marriage: _____

CHILD ONE:

First Name: _____ **Birthdate:** ____/____/____
Month Date Year

Religion: _____

Baptism: Yes/No **First Communion:** Yes/No **Confirmation:** Yes/No

Grade in School: _____ **Name of School:** _____

CHILD TWO:

First Name: _____ **Birthdate:** ____/____/____
Month Date Year

Religion: _____

Baptism: Yes/No **First Communion:** Yes/No **Confirmation:** Yes/No

Grade in School: _____ **Name of School:** _____

CHILD THREE:

First Name: _____ **Birthdate:** ____/____/____
Month Date Year

Religion: _____

Baptism: Yes/No **First Communion:** Yes/No **Confirmation:** Yes/No

Grade in School: _____ **Name of School:** _____

CHILD FOUR:

First Name: _____ **Birthdate:** ____/____/____
Month Date Year

Religion: _____

Baptism: Yes/No **First Communion:** Yes/No **Confirmation:** Yes/No

Grade in School: _____ **Name of School:** _____

CHILD FIVE:

First Name: _____ **Birthdate:** ____/____/____
Month Date Year

Religion: _____

Baptism: Yes/No **First Communion:** Yes/No **Confirmation:** Yes/No

Grade in School: _____ **Name of School:** _____