

**Saint Felix Catholic Church
Census Information**

Family Name _____

Address _____

Home Phone _____
 Work Phone (opt) _____
 Cell Phone (opt) _____

Email _____

Family Members

First & Middle Name (Adult)	Birth Date MM / DD / YY	Sex (M / F)	Catholic or Other	Baptism (Yes / No)	First Penance (Yes / No)	First Eucharist (Yes / No)	Confirmed (Yes / No)	Occupation
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Adult Marital Status _____

Date of Anniversary _____

- | Marital Status | |
|---------------------------------|---------------|
| S – Single | M – Married |
| D – Divorced | W – Widowed |
| E – Engaged | S – Separated |
| L – Living Together (unmarried) | |

Emergency Contact Person _____
 (someone in addition to your spouse in case of serious illness)

Would you like to receive periodic parish updates from the Pastor by email? ___ Yes ___ No