

Envelope # _____

St. Maximilian Kolbe Parish

Would you like a follow-up visit?
Yes or No

Family Name:		House #:	Apt. #: / P.O. Box:	Street/City/State Zip:
Phone #: ()		Unlisted: Y or N	E-mail Address:	First Registered in Parish:
Wife's Maiden Name	Marriage Date	Place Of Marriage/Church		City/St
				Marriage Blessed by the Roman Catholic Church Yes No

Adult <i>(First/Middle /Last)</i>	Day of Birth			Sex M/F	Marital Status 1 Single 2 Married 3 Widower 4 Separated 5 Divorced	Attends Mass 1 Weekly 2 Sometimes 3 Seldom 4 Never	Baptized 1 RC 2 Christ 3 Methodist 4 Presbyterian 5 Episcopal 6 Other	Rec'd 1st Communion 1 Yes 2 No	Rec'd 1st Penance 1 Yes 2 No	Confirmed 1 Yes 2 No	Work Status 1 Full 2 Part-time 3 Student 4 Retired 5 Homemaker 6 Unemployed	Disabilities 1 Blind 2 Hearing Impair. 3 Dev. Disabled 4 Home Bound 5 Wheel Chair 6 Other
	MO	Day	Yr									
Mr/ Mrs/ Miss/ Ms												
Occupation:												
Mr/ Mrs/ Miss/ Ms												
Occupation:												

Do you go away for the Winter? Y or N

Dates Gone/Return _____

Address: _____

Phone: _____

Grade Level in Fall	Receiving Religious Instructions	School Attending
	1 Cath. Sch. 2 Rel. Ed 3. No	1 Wayne 2 Williamson 3 Sodus 4 North Rose Wol 5 St. Michael's 6 Other

Children (oldest to youngest) - Please Only List Dependant Children Living at Home

Adult	Day of Birth	Sex	Marital Status	Attends Mass	Baptized	Rec'd 1st Communion	Rec'd 1st Penance	Confirmed	Work Status	Disabilities	Grade Level in Fall	Receiving Religious Instructions	School Attending

Census Taken By _____

Date Census Taken _____