



St. Patrick's Parish

238 - 2 Avenue NE - Medicine Hat AB T1A 6A1

Phone: (403) 526-2265 FAX: (403) 526-0058

Census Form

Personal Information

Family Name:		Reg. Date: <small>yyyy/mm/dd</small>	Donation Envelopes: <input type="checkbox"/> Yes/No <input type="checkbox"/>
Mailing Name:		Home Phone:	
Mailing Address:		Home Fax:	
City/Prov/Postal:		Mass of Choice:	

Last Updated: yyyy/mm/dd

For Each Family Member, list the details on each person, start with the Envelope Holder, include all children, or other relatives living in the same household/family.

	Family Member	Family Member	Family Member	Family Member	Family Member
Last Name					
First Name					
Middle Names					
Gender M / F	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>
Date of Birth <small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>
Marital Status					
Family Relation					
Parishioner (Y/N)	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Envelope#					
Religion					
Occupation					
Bus.Phone					
Bus.Fax					
Cell Phone					
School + Grade					
Email Address					
Maiden Name	Living at home	Living at home	Living at home	Living at home	Living at home