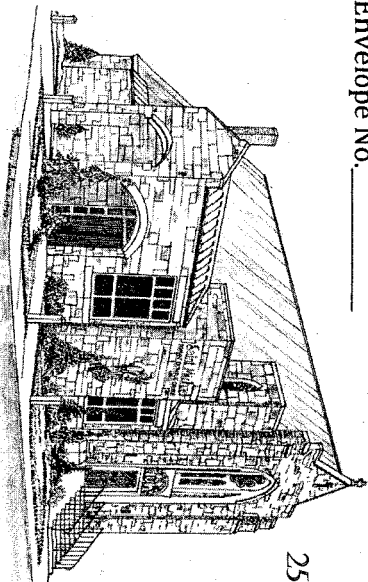


Envelope No. \_\_\_\_\_



**THE ROMAN CATHOLIC PARISH OF SAINT MICHAEL**  
 25 MAPLE AVENUE, BEACON FALLS, CT. 06403 -- PHONE: 203-729-2504 FAX: 203-723-0710

Website: [www.saintmichaelsonline.org](http://www.saintmichaelsonline.org) -- Email: [saint\\_michaels@sbcglobal.net](mailto:saint_michaels@sbcglobal.net)

**CONFIDENTIAL CENSUS FORM**

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FAMILY (Last) NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ APT/UNIT # \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

	Household Member #1	Household Member #2	Household Member #3	Household Member #4	Household Member #5	Household Member #6
First (& Middle) Name						
Maiden Name						
Date/Place of Birth						
Religion						
Mobile Phone						
Employer/Work Phone						
E-mail Address						
Special Needs/ Homebound						
CCD Registered/ RCIA Interest						
Ministries/Talents						
Would Volunteer for:						

RELATIVES LIVING AT THE ABOVE ADDRESS SHOULD COMPLETE THEIR OWN FORM

PLEASE COMPLETE THE OTHER SIDE OF THE FORM

	Household Member #1	Household Member #2	Household Member #3	Household Member #4	Household Member #5	Household Member #6
First Name						
Baptism	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Date						
Church						
City, State						
First Communion	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Date						
Church						
City, State						
Confirmation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Date						
Church						
City, State						
Marriage	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Previous Divorced/Annulled						
Date						
Church/Civil Marriage						
Church Name						
City, State						