

# GUARDIAN ANGELS PARISH CENSUS FORM

Office Use Only:
Date Entered: _____.
ID/Envelope #: _____.

**Instructions for Completing this Census:**

1. Each family is asked to complete the form. Individuals out of school and living at home are to complete their own from.
2. Please complete the information as completely as possible
3. Please PRINT neatly.
4. Your information will be kept confidential.
5. When the form is completed you can drop it off at the Parish Office or email it to: [office@GuardianAngels-Copley.org](mailto:office@GuardianAngels-Copley.org).

**Family Details:**

<b>Surname:</b>			
<b>Address:</b>			
<b>CSZ:</b>			
<b>Phone:</b>	Listed	<input type="checkbox"/>	Unlisted
<b>Cell Phone:</b>			
<b>Email:</b>			

**Adult Family Members Details:**

	Head of Household		Spouse/Other Adult	
<b>Title: Mr./Mrs./Miss</b>				
<b>First Name</b>				
<b>Last Name/*Maiden Name</b>			*	
<b>Date of Birth</b>				
<b>Married/Single</b>	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
<b>Occupation</b>				
<b>Religion</b>				
<b>Sacraments</b>	Baptism	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
<b>(Check all that apply)</b>	Eucharist	<input type="checkbox"/>	Marriage	<input type="checkbox"/>
	<b>Church of Marriage:</b>			
<b>Ministries</b>	Reader	<input type="checkbox"/>	Music	<input type="checkbox"/>
<b>(Check all that apply)</b>	Eucharistic Minister		Eucharistic Minister	
	Ministry to the Sick		Ministry to the Sick	
	Others:		Others:	

**Dependent Family Members Details:**

Name	Date of Birth	Baptism	Eucharist	Confirmation

**PLEASE LET US KNOW IF YOU WOULD LIKE TO RECEIVE ENVELOPES**

<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
------------	--------------------------	-----------	--------------------------