

PLEASE PRINT – COMPLETE BOTH SIDES OF FORM

FAMILY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ (HOME) () _____ (WORK)

() _____ (CELL) EMAIL: _____

WIFE'S MAIDEN NAME: _____

MARRIED BY PRIEST: _____ YES _____ NO DATE MARRIED _____

OUR LADY OF SORROWS
 14 Prospect Street
 Essex, CT 06426
 (860) 767-1284

Census Form 2014
 OFFICE # _____

ENV. # _____ (if you have one)

Need an ENV.? Yes () No ()

(PLEASE INDICATE CHOICE BY CORRESPONDING NUMBER)

List below names of members of family residing in this household (Enter Family Name if Different)	Marital Status	Religion	Date of Birth	BAPTIZED	FIRST COMMUNION	CONFIRMATION	CHURCH ATTENDANCE
	1.Married 2. Single 3. Widow/er 4. Separated 5. Divorced	1.Catholic 2.Baptist 3.Congre. 4.Episcopal 5.Lutheran 6.Methodist 7.Presbyterian 8.Other	mm/dd/yy	Yes No Date if known	Yes No Date if known	Yes No Date if known	1.Weekly 2.Occasionally 3.Seldom 4.Do not attend
01 Head of Household							
02 Spouse							
03							
04							
05							
06							
07							
08							

Please list names of family members in exact order as they are listed in the reverse side	SPECIAL NEEDS	OCCUPATION	EDUCATION	CCD OR CONFIRMATION PROGRAM (for kids)	TIME & TALENTS You can provide for the parish
	1.Blind 2.Deaf 3.Mental Handicap 4.Physical Handicap 5.Shutin 6.Other	Please specify current occupation or retired	Present Grade level & school attending	Yes No	Altar server, CCD teacher, Eucharistic minister, lector, usher, greeter, volunteer for dinners and other projects etc.
01					
02					
03					
04					
05					
06					
07					
08					

COMMENTS – Please write any comments or suggestions you have regarding Our Lady of Sorrows Church: