

Holy Family Parish

1451 Strachan Rd. SE - Medicine Hat AB T1B 4V3
 Phone: (403) 527-6933 FAX: (403) 526-2482

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:	

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. yyyy/mm/dd

	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"/>
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>
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"/>
Envelope#				
Religion				
Occupation				
Bus. Phone				
Bus. Fax				
Cell Phone				
School + Grade				
Email Address				
Maiden Name	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home