

St. James Census Form

Last Name _____ **First Name** _____ **Mr. Mrs. Ms. Miss**
Dr. M/M

Spouse's First Name _____ **(Maiden Name)** _____

Home Address _____ **City** _____, **NY Zip** _____

Phone No: Home _____ **Cell** _____ **Work** _____

Email address _____

St. James is working on being a Green Organization. Please provide us with an email address to save on paper and postage. We promise not to inundate your mailbox with spam or junk mail or give out your address. Thank you, we appreciate your cooperation.

Sacrificial Giving: *please check one*

receive envelopes _____ **sign-up credit card** _____ **Electronic Fund Transfer (EFT)** _____

Office Use only:

ID # _____ **Neighborhood #** _____ **WC Mailed** _____

Input Date _____ **Card Mailed** _____

	Head of Household	Spouse's Name	Adult or Child	Child	Child	Child	Child
First Name Or nickname							
Spouse's Name and/or Last name if different							
Marital Status							
Religion							
Occupation							
Employer							
School Attending							
Present grade level / Highest grade level reached							
Gender	M F	M F	M F	M F	M F	M F	M F
Birth Date (mandatory) Age - mm/dd/yy							
Baptized Y or N Date and/or year if possible							
Reconciliation Y or N Date and/or year if possible							
First Communion Y or N Date and/or year if possible							
Confirmation Y or N Date and/or year if possible							
Married Y or N Date and/or year if possible							