

PARISH CENSUS DATA SHEET
Immaculate Conception of the Blessed Virgin
New Richmond, Wisconsin

Date: _____

Head of Household-First & Last Name (including Maiden Name)	<u>M / F</u>	Date of Birth
Catholic: Y / N	Other religious affiliation _____	
Sacraments you have received:	Baptism? Y / N	1 st Eucharist? Y / N
1 st Reconciliation? Y / N	Confirmation? Y / N	Marriage? Y / N

Spouse's First & Last Name (including Maiden Name)	<u>M / F</u>	Date of Birth
Catholic: Y / N	Other religious affiliation _____	
Sacraments your spouse has received:	Baptism? Y / N	1 st Eucharist? Y / N
1 st Reconciliation? Y / N	Confirmation? Y / N	Marriage? Y / N

Child's Name	<u>M / F</u>	Date of Birth
Sacraments your child has received:	Baptism? Y / N	1 st Eucharist? Y / N
1 st Reconciliation? Y / N	Confirmation? Y / N	Marriage? Y / N

Child's Name	<u>M / F</u>	Date of Birth
Sacraments your child has received:	Baptism? Y / N	1 st Eucharist? Y / N
1 st Reconciliation? Y / N	Confirmation? Y / N	Marriage? Y / N

Child's Name	<u>M / F</u>	Date of Birth
Sacraments your child has received:	Baptism? Y / N	1 st Eucharist? Y / N
1 st Reconciliation? Y / N	Confirmation? Y / N	Marriage? Y / N

Child's Name	<u>M / F</u>	Date of Birth
Sacraments your child has received:	Baptism? Y / N	1 st Eucharist? Y / N
1 st Reconciliation? Y / N	Confirmation? Y / N	Marriage? Y / N

Address, City, State & Zip _____

Phone Number _____ Cell Phone _____

Email Address _____

I/We consider ourselves to be members of Immaculate Conception: Y / N

I receive envelopes: Y / N I would you like to receive envelopes: Y / N

I would like to receive the diocesan Catholic newspaper, the Catholic Herald? Y / N

I have Adult Child/ren that need: Census Data Sheet / Registration Form

Please send me _____ copies : Y / N