

St. Theodore Catholic Church Census

| | | |
|---|---|---|
| DATE: _____ PLEASE CIRCLE PREF: CONTRIBUTION ENVELOPES YES / NO or ONLINE GIVING (see website) | St. Theodore Catholic Church Post Office Box 12726 Lake Charles, La. 70612 (337)-855-6662 www.mossbluffcatholic.org | You may: a.) mail this form to us, b.) FAX it to 855-6663, c.) bring to the Church Office, d.) put it in the Sunday collection. |
|---|---|---|

Please help us to update our Church Census by filling out the following information on all persons living at your address.

Are You a New Parishioner? Yes No

We are currently attending Church at: St. Theodore St. Pius Other: _____

| | Last Name | First Name | Middle Name | Maiden Name |
|-----------|-----------|------------|-------------|-------------|
| Person #1 | | | | |
| Person #2 | | | | |
| Person #3 | | | | |
| Person #4 | | | | |
| Person #5 | | | | |

| Mailing Address | Zip Code | Physical Address (if different) | Zip Code |
|-----------------|----------|---------------------------------|----------|
| | | | |

| Home Phone | Primary Cell | Secondary Cell | EMAIL ADDRESS: |
|------------|--------------|----------------|----------------|
| | | | |

| | Date of Birth | Sex | Race | School or Occupation | Grade |
|-----------|---------------|---|------|----------------------|-------|
| Person #1 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Person #2 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Person #3 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Person #4 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Person #5 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |

| | Baptized | List Religion Baptized <small>(Example: Catholic, Baptist, Methodist, Lutheran, Pentecostal)</small> | Date | Church Name <small>(Include City and State)</small> |
|-----------|--|---|------|--|
| Person #1 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Person #2 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Person #3 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Person #4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Person #5 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | Marital Status --CIRCLE ONE | Date Married | Church Name <small>(Include City and State)</small> |
|-----------|---|--------------|--|
| Person #1 | Married Separated Divorced Widowed Single | | |
| Person #2 | Married Separated Divorced Widowed Single | | |
| Person #3 | Married Separated Divorced Widowed Single | | |
| Person #4 | Married Separated Divorced Widowed Single | | |
| Person #5 | Married Separated Divorced Widowed Single | | |

| | First Communion? | Confirmation? | Lector | Acolyte | Choir | Usher | CCD | CDA | KC | Alter Society |
|-----------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Person #1 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person #2 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person #3 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person #4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person #5 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Office Use Only | | | | | | |
|---------------------------------|------------------------------|------------------------------|-----------------------------------|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> M/M | <input type="checkbox"/> REG | <input type="checkbox"/> ETH | <input type="checkbox"/> Pending | <input type="checkbox"/> Map Code | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Active | <input type="checkbox"/> WL | <input type="checkbox"/> ENV | <input type="checkbox"/> Database | <input type="checkbox"/> FILE | <input type="checkbox"/> | <input type="checkbox"/> |
| RS | | | | | | |

St. Theodore Catholic Church Census

| | Last Name | First Name | Middle Name | Maiden Name |
|-----------|-----------|------------|-------------|-------------|
| Person #6 | | | | |
| Person #7 | | | | |
| Person #8 | | | | |
| Person #9 | | | | |

| | Date of Birth | Sex | Race | School / Occupation | Grade |
|-----------|---------------|---|------|---------------------|-------|
| Person #6 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Person #7 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Person #8 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Person #9 | | M <input type="checkbox"/> F <input type="checkbox"/> | | | |

| | Baptized | List Religion Baptized <small>(Example: Catholic, Baptist, Methodist, Lutheran, Pentecostal)</small> | Date | Church Name <small>(Include City and State)</small> |
|-----------|--|---|------|--|
| Person #6 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Person #7 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Person #8 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Person #9 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | Marital Status | Date Married | Church Name (Include City and State) |
|-----------|--|--------------|--------------------------------------|
| Person #6 | Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> | | |
| Person #7 | Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> | | |
| Person #8 | Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> | | |
| Person #9 | Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> | | |

| | First Communion? | Confirmation? | Lector | Acolyte | Choir | Usher | CCD | CDA | KC | Alter Society |
|-----------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Person #6 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person #7 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person #8 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person #9 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER INFORMATION: