

## ST. PAUL'S CROATIAN CHURCH – PARISH CENSUS

If possible, please print or type. Information that you do not know or are not sure of, please leave blank.

MEMBERSHIP NO.: \_\_\_\_\_ DATE: \_\_\_\_\_  
FAMILY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ CITY, ZIP: \_\_\_\_\_

### INFORMATION ABOUT HUSBAND OR SINGLE MALE:

FIRST NAME: \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ CHURCH: \_\_\_\_\_  
DATE BAPTIZED: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PARISH BAPTIZED: \_\_\_\_\_ CITY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
CITY: \_\_\_\_\_ TIMES MARRIED: \_\_\_\_\_  
DATE OF COMMUNION: \_\_\_\_\_ BY PRIEST: YES NO  
CHURCH: \_\_\_\_\_ DATE DIVORCED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE ANNULLED: \_\_\_\_\_  
CITY: \_\_\_\_\_ DATE WIDOWED: \_\_\_\_\_

DATE MARRIED: \_\_\_\_\_  
CHURCH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, ZIP: \_\_\_\_\_

### INFORMATION ABOUT WIFE OR SINGLE FEMALE:

FIRST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_  
DATE BAPTIZED: \_\_\_\_\_ CHURCH: \_\_\_\_\_  
PARISH BAPTIZED: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
CITY: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
DATE OF COMMUNION: \_\_\_\_\_ TIMES MARRIED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BY PRIEST: \_\_\_\_\_  
CITY: \_\_\_\_\_ DATE DIVORCED: \_\_\_\_\_  
DATE WIDOWED: \_\_\_\_\_

***TURN OVER - QUESTIONARY FOR CHILDREN IS ON THE OTHER SIDE***

**INFORMATION ABOUT CHILDREN NOT MARRIED & LIVING WITH YOU:**

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DATE BAPTIZED: \_\_\_\_\_  
PARISH BAPTIZED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
DATE OF COMMUNION: \_\_\_\_\_  
CHURCH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
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