

PLEASE PRINT – COMPLETE BOTH SIDES OF FORM

FAMILY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ (HOME) ( ) \_\_\_\_\_ (WORK)

( ) \_\_\_\_\_ (CELL) EMAIL: \_\_\_\_\_

WIFE'S MAIDEN NAME: \_\_\_\_\_

MARRIED BY PRIEST: \_\_\_\_\_ YES \_\_\_\_\_ NO DATE MARRIED \_\_\_\_\_

**ST. JOSEPH'S CHURCH**  
 48 Middlesex Avenue  
 Chester, CT 06412  
 (860) 526-5495

Census Form 2014  
 OFFICE # \_\_\_\_\_

ENV. # \_\_\_\_\_ (if you have one)

Need an ENV.? Yes ( ) No ( )

(PLEASE INDICATE CHOICE BY CORRESPONDING NUMBER)

List below names of members of family residing in this household  (Enter Family Name if Different)	Marital Status	Religion	Date of Birth	BAPTIZED	FIRST COMMUNION	CONFIRMATION	CHURCH ATTENDANCE
	1.Married 2. Single 3. Widow/er 4. Separated 5. Divorced	1.Catholic 2.Baptist 3.Congre. 4.Episcopal 5.Lutheran 6.Methodist 7.Presbyterian 8.Other	mm/dd/yy	Yes  No  Date if known	Yes  No  Date if known	Yes  No  Date if known	1.weekly 2.Occasionally 3.Seldom 4.Do not attend
01 Head of Household							
02 Spouse							
03							
04							
05							
06							
07							
08							

Please list names of family members in exact order as they are listed in the reverse side	<b>SPECIAL NEEDS</b>	<b>OCCUPATION</b>	<b>EDUCATION</b>	<b>CCD OR CONFIRMATION PROGRAM (for kids)</b>	<b>TIME &amp; TALENTS You can provide for the parish</b>
	1.Blind 2.Deaf 3.Mental Handicap 4.Physical Handicap 5.Shutin 6.Other	Please specify current occupation or retired	Present Grade level & school attending	Yes  No	Altar server, CCD teacher, Eucharistic minister, lector, usher, greeter, volunteer for dinners and other projects etc.
01					
02					
03					
04					
05					
06					
07					
08					

COMMENTS – Please write any comments or suggestions you have regarding St. Joseph’s Church: