

(PLEASE PRINT)

CHURCH OF THE HOLY SPIRIT CENSUS FORM

(PLEASE PRINT)

We ask that ALL households, regardless of length of membership, complete and return a census form. You may fax completed form to (480) 838-6720. Thank you for your assistance in updating our membership.

Family LAST NAME: _____ Email _____

•First Name Head of Household [Circle Male or Female] •Birth Date •Marital Status

... First Name Spouse [partner] & last name if different [Circle Male or Female] •Birth Date ... Marital Status

•Child Name [circle M or F] •Birth Date •Child Name [circle M or F] •Birth Date •Child Name (circle M or F) •Birth Date
(Additional space for children names below)

Home Address: _____

•Home Phone [include AU area codes] •?Unlisted [Yes or No] ... Cell Phone [Head of House] •Cell Phone [Spouse or Partner]

•Head of Household Employer and Occupation [Retiree please include previous business experience] •Business Phone if applicable include area code

•Spouse [or partner] Employer and Occupation [Retiree please include previous business experience] ... Business Phone if applicable include area code

... Please let us know if any member of the household has special needs. (physical handicap; illness; homebound; other)

... List any special interest or talent and the member of household to whom it applies.

Please list additional members of household If there was not enough space above. Children 21 & older who are not students register separately.

•Child Name [circle M or F] •Birth Date •Child Name [circle M or F] •Birth Date •Child Name [circle M or F] •Birth Date

•Dependent or other Adult Name [circle M or F] •Birth Date •Marital Status •Relationship to Head of Household

•Dependent or other Adult Name [circle M or F] •Birth Date •Marital Status •Relationship to Head of Household

Please use the space below to indicate members who require Sacrament preparation for Baptism, First Eucharist, Confirmation.

Please use the space below to request information regarding the R.C.I.A. program, Annulment Process, Parish Ministries, etc.

Signature: _____ Date: _____

If a member of your household is NOT Catholic, please place an * beside their name if you would like their record flagged as such.

PLEASE RETURN CENSUS FORM TO: CHURCH OF THE HOLY SPIRIT
ATTENTION: CENSUS UPDATE
1800 E. LIBRA DRIVE TEMPE, AZ 85283-3216

THIS FORM MAY BE MAILED, PLACED IN THE
COLLECTION BASKET OR DROP BOX IN FRONT OF
THE PARISH OFFICE OR FAXED TO (480) 838-6720