

Family ID Number \_\_\_ \_\_\_ \_\_\_ \_\_\_  
(Office use only)

**MARY, MOTHER OF GOD PARISH CENSUS**

Please complete and return to Mary, Mother of God Parish, 316 William St., Scranton, PA 18508

Date Registered \_\_\_\_\_

Title (Circle One): Mr/Mrs. Mr. Mrs. Ms. Dr./Mrs. Mr./Dr.

Family Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Spouse \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status (Circle One): Church Marriage Married Divorced Separated Widowed Single

**MEMBER INFORMATION**

<u>Name</u>	<u>D.O.B.</u>	<u>Religious</u>	<u>Baptism</u>	<u>Comm.</u>	<u>Confir.</u>
_____	_____	_____	Yes/No	Yes/No	Yes/No
<b>Head of Household</b>					
_____	_____	_____	Yes/No	Yes/No	Yes/No
<b>Spouse (Maiden Name)</b>					

<u>Children's Names</u>	<u>M/F</u>	<u>Date of Birth</u>	<u>School</u>	<u>Cath/Public</u>	<u>Bapt.</u>	<u>Penance</u>	<u>Comm.</u>	<u>Confir.</u>
_____	_____	_____	_____	_____	Yes/No	Yes/No	Yes/No	Yes/No
_____	_____	_____	_____	_____	Yes/No	Yes/No	Yes/No	Yes/No
_____	_____	_____	_____	_____	Yes/No	Yes/No	Yes/No	Yes/No
_____	_____	_____	_____	_____	Yes/No	Yes/No	Yes/No	Yes/No
_____	_____	_____	_____	_____	Yes/No	Yes/No	Yes/No	Yes/No