

# Census Form

## Holy Cross Parish

315 Douglas Avenue East - Regina, SK S4N 1H7  
Phone: (306) 757-1325 FAX: (306) 757-8841

Personal Information

|                   |  |                                 |   |
|-------------------|--|---------------------------------|---|
| Family Name:      |  | Reg. Date/<br>Donation Envelope | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Mailing Name:     |  | Home Phone:                     |   |
| Mailing Address:  |  | Home Fax:                       |   |
| City/Prov/Postal: |  | Mass of Choice:                 |   |

For Each Family Member, list the details on each person, start with the Envelope Holder, include all children, or other relatives living in the same household/family.

| Family Member     | Family Member  | Family Member  | Family Member  | Family Member  |
|-------------------|--|--|--|--|
| Last Name         |  |  |  |  |
| First Name        |  |  |  |  |
| Middle Names      |  |  |  |  |
| Gender M / F      | <input type="checkbox"/> Male/ <input type="checkbox"/> Female | <input type="checkbox"/> Male/ <input type="checkbox"/> Female | <input type="checkbox"/> Male/ <input type="checkbox"/> Female | <input type="checkbox"/> Male/ <input type="checkbox"/> Female |
| Date of Birth     | yyyy/mm/dd   | yyyy/mm/dd   | yyyy/mm/dd   | yyyy/mm/dd   |
| Marital Status    |  |  |  |  |
| Family Relation   |  |  |  |  |
| Parishioner (Y/N) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No      | <input type="checkbox"/> Yes/ <input type="checkbox"/> No      | <input type="checkbox"/> Yes/ <input type="checkbox"/> No      | <input type="checkbox"/> Yes/ <input type="checkbox"/> No      |
| Envelope#         |  |  |  |  |
| Religion          |  |  |  |  |
| Occupation        |  |  |  |  |
| Bus. Phone        |  |  |  |  |
| Bus. Fax          |  |  |  |  |
| Cell Phone        |  |  |  |  |
| School + Grade    |  |  |  |  |
| Email Address     |  |  |  |  |
| Maiden Name       | <input type="checkbox"/> Living at home                        | <input type="checkbox"/> Living at home                        | <input type="checkbox"/> Living at home                        | <input type="checkbox"/> Living at home                        |

Please PRINT clearly.  
Under "CENSUS FORM":  
(1) "Reg. Date" This is the date you registered in the parish. If you can't remember the day and month, please indicate the year.  
(2) "Last updated" - leave blank. To be filled by the office.

(3) "Family Members" - Include family members (living, deceased, or attending another parish, or who may have left the Church) and were baptized, received First Holy Communion and/or were confirmed at Holy Cross Church.

If you have more than 5 members, pick-up a second form.

(4) "Marital Status" - Please use a number from the following Key:

- 1 - Married
- 2 - Single
- 3 - Widowed
- 4 - Divorced
- 5 - Separated
- 6 - One-Parent Family

(5) Deceased Member of the Family  
If you have a member of your family who has died, please fill in the following:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
(Father, Mother, Child)  
Year of Death \_\_\_\_\_

All information requested in this form will be for Parish use only.