

**PARISH CENSUS INFORMATION**

➔ PLEASE PRINT AND COMPLETE BOTH SIDES OF THIS FORM

FAMILY LAST NAME For Office use only: Family ID #

STREET/P.O. BOX ADDRESS

CITY/TOWN STATE ZIP

EMAIL TELE. DATE

WIFE'S MAIDEN NAME: MARRIED BY A PRIEST OR DEACON Yes No DATE OF MARRIAGE:

# C

## HRIST THE KING CHURCH

130 LEGRIS AVENUE  
 WEST WARWICK, RI 02893-2944  
 www.ctkwvri.org  
 Telephone: 401-821-9228  
 Email: ctkwvri@cox.net

➔ PLEASE INDICATE CHOICES BY CORRESPONDING NUMBER, YES OR NO, AND/OR INFORMATION AS REQUESTED.

**LIST BELOW NAMES OF ALL RESIDING IN THIS HOUSEHOLD. ALSO ENTER LAST NAME IF DIFFERENT THAN THE ABOVE FAMILY LAST NAME.**

First	M.I.	Last	<u>Marital Status</u> 1. Married 2. Single 3. Widow/er 4. Separated 5. Divorced	<u>Religion</u> 1. Cath. 2. Bapt. 3. Cong. 4. Epis. 5. Luth. 6. Meth. 7. Pres. 8. Other	<u>Baptized</u> Yes or No  Date if known	<u>Sex</u> M OR F	<u>Date of Birth</u>  Mo. Day Year	<u>Date of Death</u>  FOR OFFICE USE ONLY	<u>Church Attendance</u> 1. Wkly. 2. Occas. 3. Seldom 4. Do not attend	<u>First Comm.</u> Yes or No	<u>Conf.</u> Yes or No	<u>Special Needs</u> 1. Blind 2. Deaf 3. Mental H-cap. 4. Physical H-cap. 5. Shut-in 6. Nursing Home	<u>Occupation</u>  Please Specify	<u>Employed</u>  Yes or No
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