

Seven Sorrows BVM Census Report Form

Date: _____

Weekly Envelope # _____

Family Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

MALE HEAD OF HOUSEHOLD:

First _____ Middle _____ Last _____ DOB _____

Race: _____ Religion: _____ Cell Number: _____

Email: _____ Occupation/Place: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____

Marriage Date: _____ Place: _____

FEMALE HEAD OF HOUSEHOLD:

First _____ Middle _____ Last _____ DOB _____

Race: _____ Religion: _____ Cell Number: _____

Email: _____ Occupation/Place: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____

Marriage Date: _____ Place: _____

Marital Status: _____

Date of Marriage: _____ Place of Marriage: _____

Child #1

First _____ Middle _____ Last _____ Gender: _____

DOB: _____ Race: _____ Religion: _____ Grade: _____

School: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____

Child #2

First _____ Middle _____ Last _____ Gender: _____

DOB: _____ Race: _____ Religion: _____ Grade: _____

School: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____

Child #3

First _____ Middle _____ Last _____ Gender: _____

DOB: _____ Race: _____ Religion: _____ Grade: _____

School: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____

Child #4

First _____ Middle _____ Last _____ Gender: _____

DOB: _____ Race: _____ Religion: _____ Grade: _____

School: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____

Child #5

First _____ Middle _____ Last _____ Gender: _____

DOB: _____ Race: _____ Religion: _____ Grade: _____

School: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____

Child #6

First _____ Middle _____ Last _____ Gender: _____

DOB: _____ Race: _____ Religion: _____ Grade: _____

School: _____

Date of Baptism: _____ Place: _____

Date of First Holy Communion: _____ Place: _____

Confirmation Date: _____ Place: _____