CATHEDRAL OF THE HOLY SPIRIT BISMARCK, NORTH DAKOTA CENSUS FORM

Date_____

Env. # _____

Family Name (last name) _____ Title (Mr., Mrs., etc.)_____

Head of Household Name_____ Spouse's Name _____ Wife's Maiden Name _____

Mailing Address_____

Physical Address if using PO Box Number _____

City _____, State _____ Zip _____ (extra digits if known)

Home phone_____ Cell phone _____

Work phone _____ (male) Work phone _____ (female)

Place of employment _____ (male) Place of employment _____ (female)

Please check appropriate status:

_____ Single _____ Married _____ Widowed _____ Divorced _____ Cohabiting

Marriage date (M/D/Y) _____ Place_____ (church, city, state)

In Catholic Church? _____ (y/n) If no, was Bishop's permission granted? _____

Please list **all** of the members of your household below. **Please include Head of Household and Spouse.**

Full Name (first and last)	Date of Birth	Religion	Baptized (y/n)	Confirmed (y/n)	If student, what grade level?	If student, School Name