



# St. Peter's Catholic Church Census Registration Form

Date: \_\_\_\_\_

Envelope #: \_\_\_\_\_  
Office Use Only

## Contact Information:

Family Last Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

## Family Information:

### *Head of Household*

Occupation: \_\_\_\_\_

*Spouse:*  
Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone #: (     ) \_\_\_\_\_

Work Phone #: (     ) \_\_\_\_\_

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

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

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

(Include Maiden Name)

(Include Maiden Name)

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptism:    Yes    No

Baptism:    Yes    No

Church Baptized: \_\_\_\_\_

Church Baptized: \_\_\_\_\_

Confirmed:    Yes    No

Confirmed:    Yes    No

Church Confirmed: \_\_\_\_\_

Church Confirmed: \_\_\_\_\_

First Communion:    Yes    No

First Communion:    Yes    No

Marital Status: (Circle One)

Married   Single   Widowed   Divorced   Separated

Marital Status: (Circle One)

Married   Single   Widowed   Divorced   Separated

## Children Living At Home

Name: \_\_\_\_\_ Gender: Male / Female

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male / Female

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male / Female

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male / Female

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_

**Please mail to: St. Peter's Catholic Church, PO Box 12507, New Iberia, LA 70562-2507**

**Office: (337) 269-3816 Fax: (337) 369-3192**