

Census - HOLY CROSS PARISH - Anchorage, Alaska				2013-2014	
FAMILY NAME:			Owner___ Tenant___ Parish Neighborhood:		
Telephone #			E-mail:		
Street Address:			City:		Zip Code:
Mailing Address: Same as above___or	P.O. Box No.		City:		Zip Code:
Number of adults:	Number of children under 18:	Male:	Female:		
	Number of children 18 or older:	Male:	Female:		
How long have you been a member of this Parish?					
How long do you intend on remaining in Alaska? Permanently:		Temporarily?		How long?	
Are you presently registered in this Parish? Yes: No:			Are you on Parish Mailing List? Yes: No:		
ADULTS					
Male: Mr.			Female: Miss Ms. Mrs.		
Name:			Name:		
First	Middle	Last	First	Middle	Last (Maiden Name)
Religion: Born Roman Catholic		Protestant	Religion: Born Roman Catholic		Protestant
Convert Catholic		Denomination	Convert Catholic		Denomination
Byzantine Catholic		Other	Byzantine Catholic		Other
Birthdate:			Birthdate:		
Month	Day	Year	Month	Day	Year
Have you completed -			Have you completed -		
High School? Where			High School? Where:		
College? Where			College? Where:		
Degree attained/Profession:			Degree attained/Profession:		
Place Employed:			Place Employed:		
Wk Ph:		Cell:		Wk Ph:	
	Yes	No		Yes	No
Are you Baptized?			Are you Baptized?		
Received First Communion?			Received First Communion?		
Are you Confirmed?			Are you Confirmed?		
Are you married?			Are you married?		
Are you now a widower?			Are you now a widow?		
Is your marriage blessed by a priest?			Is your marriage blessed by a priest?		
Church where married:		Year:	Church where married:		Year:
Explain variances:			Explain variances:		
Name of Parish or Archdiocesan organization you are presently a member of:			Name of Parish or Archdiocesan organization you are presently a member of:		
Stewardship: Skill, Talent:			Stewardship: Skill, Talent:		
Ministry interested in joining:			Ministry interested in joining		

Date: _____

Circle One:

Sunday Envelopes

On-Line Giving

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CHILDREN: Infants to end of 17th year									
Name	DOB	Date Baptized	Date of First Communion	Date of Confirmation	Parish of Baptism	School Attending	Grade	CCD Religious Instruction	Residing at Home
	Month/Day/Year								
1-									
2-									
3-									
4-									
5-									
6-									
7-									
8-									
CHILDREN: 18 years and older									
Name	DOB	Religion	Baptized	First Communion	Confirmation	School or Place of Employment	Grade	Parish Organizations	Residing at Home
1-									
2-									
3-									
4-									
Please mark YES or NO for reception of Sacraments for each child									
SICK and INVALID									
Please place name of anyone at this residence who for any reason is unable to attend Church regularly.									
Memoranda:									