

HOLY FAMILY CATHOLIC CHURCH

222 NORTH KIMBALL STREET, MITCHELL, SOUTH DAKOTA 57301 • (605) 996-3639

ENV. ID#: _____

Census Form

Active member of parish Yes () or No ()

(*)Even if you are no longer an active member of the parish, please complete Family and Head of Household and return this form so we are able to update our database.***)**

Family/Last Name: _____

Head of Household first name: _____

Email address: _____

Contact phone numbers: _____ Landline () Cellular () Work ()

Contact phone numbers: _____ Landline () Cellular () Work ()

Contact phone numbers: _____ Landline () Cellular () Work ()

Spouse (if applicable) first name: _____

Email address: _____

Contact phone numbers: _____ Landline () Cellular () Work ()

Contact phone numbers: _____ Landline () Cellular () Work ()

Contact phone numbers: _____ Landline () Cellular () Work ()

Street/Mailing Address: _____

City _____

State: _____ Zip/Postal Code: _____

Dependent children residing in your household:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Children to be removed from your registration due to relocation or marriage:

Name: _____ Date of Birth: _____

Are they still active member of the parish Yes () No ()

Name: _____ Date of Birth: _____

Are they still active member of the parish Yes () No ()

Name: _____ Date of Birth: _____

Are they still active member of the parish Yes () No ()

Name: _____ Date of Birth: _____

Are they still active member of the parish Yes () No ()

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Second Residence Address: (Snowbirds, Etc.) _____

City & State: _____ Zip/Postal Code: _____

Phone :(_____) _____ - _____

Dates at second residence: (From) Month: _____ Day: _____ (To) Month: _____ Day: _____

Send mail to second residence during that time: Yes _____ No _____

Second residence remarks: _____