

DIOCESE OF MEMPHIS

① FAMILY NAME (Last Name Only - Please Print)									
② HOUSE NUMBER -	STREET NAME -	APT. NO.	③ TELEPHONE NUMBER	④ PARISH IN WHICH RESIDENCE IS LOCATED	⑤ (Office Use Only) PARISH NUMBER				
Rural Location CITY OR P. O. (MAILING ADDRESS) ZIP CODE			⑥ WIFE'S MAIDEN NAME		⑦ PARISH ATTENDING IF DIFFERENT FROM ABOVE				

⑧ FIRST NAME (Please Print)	MIDDLE INITIAL	⑨ Occupation and Place of Employment	⑩ Sex Male 1 Female 2	⑪ Year of Birth	⑫ Catholic Yes 1 No 2	⑬ Baptized Yes 1 No 2	⑭ Convert Yes 1 No 2	⑮ 1st Communion Yes 1 No 2	⑯ Confirmed Yes 1 No 2	⑰ Single 1 Married 2 Widow 3 Sep. 4 Div'd. 5	⑱ Now Attending School Cath- olic 1 Other 2 No 3	⑲ Grade K 1-8 9-12 13-16	⑳ Receiving Religious Instructions Yes 1 No 2	㉑ Highest Grade Completed	㉒ Employed Full Time 1 Part Time 2 Unemp. 3 In Serv. 5	㉓ CCD Experience Teacher 1 Helper 2 Discussant Choir 3 Parent Ed. 4 Agent of Good Will 5	㉔ Belong to Parish Org. Yes 1 No 2	㉕ Use Church Env. Tithes Use 2 No 3	㉖ Married By Priest Yes 1 Other 2	㉗ Mass Attend. Regular Occ. 2 Seldom 3	㉘ Este Duty Yes 1 No 2		
			1																				
2																							

CHILDREN (OLDEST TO YOUNGEST)	⑩ Sex	⑪ Year of Birth	⑫ Catholic	⑬ Baptized	⑭ Convert	⑮ 1st Communion	⑯ Confirmed	⑰ Single	⑱ Now Attending School	⑲ Grade	⑳ Receiving Religious Instructions	㉑ Highest Grade Completed	㉒ Employed	㉓ CCD Experience	㉔ Belong to Parish Org.	㉕ Use Church Env. Tithes	㉖ Married By Priest	㉗ Mass Attend. Regular	㉘ Este Duty	
4 CHILD																				
5 CHILD																				
6 CHILD																				
7 CHILD																				
8 CHILD																				
9 CHILD																				

10 OTHER ADULT (FULL NAME)	RELATIONSHIP	⑩ Sex	⑪ Year of Birth	⑫ Catholic	⑬ Baptized	⑭ Convert	⑮ 1st Communion	⑯ Confirmed	⑰ Single	⑱ Now Attending School	⑲ Grade	⑳ Receiving Religious Instructions	㉑ Highest Grade Completed	㉒ Employed	㉓ CCD Experience	㉔ Belong to Parish Org.	㉕ Use Church Env. Tithes	㉖ Married By Priest	㉗ Mass Attend. Regular	㉘ Este Duty	
11 OTHER ADULT (FULL NAME)	RELATIONSHIP																				

28 CHECK HERE IF ANY MEMBER OF FAMILY IS: BEDRIDDEN <input type="checkbox"/> ; CONFINED TO HOME <input type="checkbox"/> ; MENTALLY RETARDED <input type="checkbox"/> ; DEAF <input type="checkbox"/> ; BLIND <input type="checkbox"/> .	29 CHECK HERE IF YOU RECEIVE THE DIOCESAN PAPER <input type="checkbox"/> 30 CHECK HERE IF YOU SUBSCRIBE TO ANY OTHER CATHOLIC MAGAZINE <input type="checkbox"/>	INFORMATION TAKEN BY: _____ PARISH _____ DATE _____
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