

**C E N S U S - PLEASE PRINT CLEARLY**

**ST. PETER'S CATHOLIC CHURCH, P. O. BOX 12507, NEW IBERIA, LA 70562-2507**

Date:
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FAMILY NAME	Primary Phone Number	Home
		Cell

ADDRESS	CITY	STATE	ZIP
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PRIMARY EMAIL ADDRESS:

GIVEN NAMES (Please include maiden name)	RELIGION	BAPTISM	FIRST COMMUNION	CONFIRMATION	DATE OF BIRTH	MARITAL STATUS	Married by a Priest/Deacon Yes or No
Head of Household							
Spouse							

Children/Other	DATE OF BIRTH	Sex (M/F)	BAPTISM	FIRST COMMUNION	CONFIRMATION	PRESENT GRADE	School Attending

Would you like to receive the following: Please check (✓) appropriate boxes	Yes	No	Currently receiving	Please sign me up
	Online giving			
Church Envelopes				
Bulletin by email				
Important info by Flocknotes				