

Family Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

Census Form

OFFICE USE ONLY

All information is kept confidential

ID #
Registration Date

Member Information

First Name	Last Name	Maiden Name	Sex	B'day	Occupation	Work #	Marital Status - Date	Religion
Head of Household							<input type="checkbox"/> Valid <input type="checkbox"/> Invalid	
Spouse								
Single Adults								

Children's First Name	Last Name If Different	Sex	Birthday	School	Grade	Religion	Sacrament			
							B	P	E	C

DO YOU WANT A HOME VISIT? \_\_\_\_\_ ADDITIONAL INFORMATION ABOUT FAMILY MEMBERS

Name	Information	Name	Information