



	Head of Household 1	Head of Household 2	Child 1 (under 18)	Child 2 (under 18)	Child 3 (under 18)
Name					
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Religion					
Date of Birth	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)	____/____/____ (Month/Day/Year)
Baptized	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
First Communion	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Confirmation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Individual Phone					
Individual E-mail					
School Name and Year in School					
Occupation					
Employer					
Language (s)	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____

Please use additional sheet as necessary