Cross Rock Catholic Community Census Up-Date Form Please fill out and return to the Church or the Central Office

Immaculate Conception	Holy Trinity	Holy Cross	St. Stanislaus	Our Lady of Mount Carmel

Family Last Name:							Mar	Marriage Date:			
Address:			City/State:		Zip			Phone) :	Email:	
Adults: First Na Include Maiden if different from	and Last Names	Marita Status		Sex M/F		eligion	Bapt Yes/	ism No	First Eucharist Yes/No	First Reconciliation Yes/No	Confirmation Yes/No
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Children/ Depe Include Last Na Family Name	endents in Residence me if different from		Birth Date	Sex M/F		eligion	Bapt Yes/		First Eucharist Yes/No	First Reconciliation Yes/No	Confirmation Yes/No
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