

St. Leo Parish Census Form

St. Leo IV Catholic Church St. Edmund Chapel

7166 Roberts Cove Rd., Rayne, LA 70578 8355 Branch Hwy., Branch, LA 70516
Phone: (337) 334-5056

Family's Last Name Date

Mailing Address City State Zip

Physical Address (if different) City State Zip

Phone: Home Work Cell

Status: Married Single Widowed Separated Divorced Email address

Were you married by a Catholic Priest Yes No Wife's maiden name

Would you like to receive offertory envelopes Yes No

First Name	Date of Birth	Baptized	Catholic	If not, would you like to become Catholic?	Church of Baptism	City & State of Baptism	First Communion	Confirmed	Attend Mass Regularly	Race	Occupation
Mr. <input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Miss/Mrs. <input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Children living with you. Include last name if different from family name above.

First Name	Date of Birth	Baptized	Catholic	If not, would you like to become Catholic?	Church of Baptism	City & State of Baptism	First Communion	Confirmed	Attend Mass Regularly	Grade	School Name
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
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Other persons living with you

<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
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Who should be notified in an emergency? Phone

Is there a shut-in at your home who would like to receive communion? Yes No Name

Ministries / Organizations:

I would like information on taking part in an Adult Education Program. Yes No

I would like information on the following parish ministries / organizations:

Please list any ministries / organizations you currently belong to:

Any additional comments: