



# CONFIDENTIAL CENSUS DATA FORM

**Immaculate Conception – St. Peter the Apostle Parish**  
**6250 Washington Blvd**  
**Groves, Texas 77619**  
**409-962-8365**  
**409-962-0255**

**FOR OFFICIAL USE**

**ID/Envelope #: \_\_\_\_\_**

**Date Posted: \_\_\_\_\_**

Do you wish to receive the \_\_\_\_\_ yes  
 East Texas Catholic Paper? \_\_\_\_\_ no

Would you like contribution envelopes? \_\_\_\_\_ yes  
 \_\_\_\_\_ no

**FAMILY LAST NAME**

**WIFE'S MAIDEN NAME**

**ADDRESS/CITY/STATE/ZIP**

**HOME PHONE/CELL/WORK**

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Name (First & Last)	Middle Initial	Sex M/F	Religion Catholic, Baptist, Lutheran, Methodist, other	Marital Status: S=Single M=Married (Church/Civil) D=Divorced W=Widow	Sacraments Received mark Yes or No for each family member for each sacrament				Special Needs Blind, Deaf, Wheelchair, Homebound, Nursing home, etc.	Birthday	Occupation	E-mail Address
					Baptism	Penance	Eucharist	Confirmation				
<b>HEAD OF HOUSEHOLD</b>				<b>Date of Marriage</b>								
<b>SPOUSE</b>												
<b>CHILD – under 18 years</b>												
1. <b>CHILD</b>												
2. <b>CHILD</b>												
3. <b>CHILD</b>												
4. <b>CHILD</b>												
5. <b>CHILD</b>												
<b>Other adults 18+ in home</b>												
1.												
2.												

**Please note: We need these filled out and turned back in at your earliest convenience, in order to accurately complete merger**