HOLY FAMILY CATHOLIC CHURCH Archdiocese of Galveston-Houston 1510 Fifth St. Missouri City, TX 77489

Today's Date: _____

281-499-9688

Census Form/Parish Registration

aaress:	Mailing Address (if different):					City:		Zip Code:	
none 1:	Phone 2:			Email:				 	
thnicity of each member: White, Black, Hispanic, Asian/Pacific Islander, Native Am./Alaskan Primary Household Language:									
JSEHOLD MEMBERS inning with the HEAD OF JSEHOLD & SPOUSE (if any)	GENDER M/F	ETHNICITY	DATE OF BIRTH	RELIGION	OCCUPATION OR SCHOOL & GRADE	BAPTISM YES/NO DATE	FIRST COMMUNION YES /NO DATE	CONFIRMA- TION YES/NO DATE	SPECIAL SKILLS or TALENTS
or Additional household men	nbers, pleas	e use the ba	ck of this f	orm.					