

St. Lawrence Catholic Parish 5225 N. Himes Ave., Tampa, FL 33614 Phone: (813) 875-4040 Fax: (813) 876-0491 www.stlawrence.org	Parish Census Registration Form	Date Sent: With:	Date Returned: Envelope #:
Please PRINT providing full names and complete dates. Please complete reverse side for <i>Children Living in Household</i>.			
Salutation (Mr. & Mrs./Mr./Mrs./Ms./Miss/etc.,) and Family Name:			
Physical Address/Apt. #: ----- -----	Mailing Address (if different): ----- -----		
City/State/Zip	City/State/Zip		
How long at this address (Yrs/Mos.):	E-mail address:		
HOME phone (+ area code) <input type="checkbox"/> listed <input type="checkbox"/> unlisted	HIS work phone/ext (include area code)	HER work phone/ext (include area code)	
Fax: (include area code)	Cell phone: (include area code)	Cell phone: (include area code)	
Marital Status: Engaged <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
Name of Fiancé (if engaged): Maiden Name (if married):		Married by: Priest <input type="checkbox"/> Minister <input type="checkbox"/> Judge <input type="checkbox"/> Other <input type="checkbox"/>	
Date of Marriage:		Name of Officiant:	
Church or Location & Address of Marriage: ----- -----		If in non-Catholic Church, was dispensation given: Yes <input type="checkbox"/> No <input type="checkbox"/> ----- Church granting dispensation:	
Head of House	Please complete for both	Spouse	
	First Name (also nickname)		
	Middle Name		
	Last Name		
	Sex (male or female)		
	Date and Place of Birth		
	Religion (Catholic, Protestant, etc.)		
	Baptized Religion		
	Baptism Date		
	Baptized: Church & Location		
	Communion: Date/Church/Location		
	Confirmation: Date/Church/Location		
	Main Language		
	Second Language (if any)		
	Highest Grade Completed / College		
	Handicapped? (No / Yes [type])		
	Employed By		
	Occupation or Position		
	Former member of St. Lawrence Parish?		
	Graduate of St. Lawrence School? Y/N Year?		
Most Convenient Mass Time [] Saturday Vigil [] Spanish Mass [] Sunday AM [] Sunday PM			

Census Registration Form for Children Living in Household

If there are more than 4 children, please request additional forms as needed.

	First Child	Second Child	Third Child	Fourth Child
First Name (also nickname)				
Middle Name				
Last Name				
Sex (Male/Female)				
Date and Place of Birth				
Religion: (Catholic Protestant, etc.)				
Baptized Religion				
Baptism Date				
Church/ Location				
Communion Date				
Church/ Location				
Confirmation Date				
Church / Location				
Main Language				
Second Language, if any				
School Attending				
Current Grade				
Handicapped? (Yes/No [Type])				
CCD Student? (Yes/No)				

Important Note regarding your Parish Records:

As changes occur in your family that effect the information you have provided on this form, please let us know so that we may keep your records complete and up to date.