

**ST. MICHAEL CHURCH**  
**4 Church Street, Netcong, NJ 07857**  
**Phone: 973-347-0032 — Website: www.stmichaelnetcong.org**

**CENSUS RECORD**

**PLEASE PRINT**

Date: \_\_\_\_\_

**HEAD OF HOUSEHOLD**

**SPOUSE**

Name: \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

\_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_

\_\_\_\_\_

State/Zip Code: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

Language Spoken: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Cultural Heritage: \_\_\_\_\_

Cultural Heritage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Communion: Yes/No      Confirmation: Yes/No

Communion: Yes/No      Confirmation: Yes/No

Married: Yes/No      If Yes, Date: \_\_\_\_\_

By a Catholic Priest/Deacon: Yes/No

If Not Married, Circle One:    Single      Separated      Divorced      Widowed

**CHILDREN UNDER 21**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptism: Yes/No      Communion: Yes/No

Baptism: Yes/No      Communion: Yes/No

Confirmation: Yes/No

Confirmation: Yes/No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Baptism: Yes/No      Communion: Yes/No

Baptism: Yes/No      Communion: Yes/No

Confirmation: Yes/No

Confirmation: Yes/No

Total Number of Children Over 21: \_\_\_\_\_

Children in Religious Education: Yes/No

\*\*\*I wish to receive a complimentary copy of the Diocesan Newspaper "The Beacon": Yes/No