

# ST. MARY'S COMMUNITY CENSUS

Please complete one form per household using block letters  
The information you provide will be kept confidential.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FAMILY NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

POSTAL ADDRESS (if different to above): \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

## Your Details (PLEASE PRINT)

TITLE: (Mr/Mrs/Ms, etc.): \_\_\_\_\_

SURNAME: \_\_\_\_\_

MALE :

☐

FEMALE :

☐

CHRISTIAN NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

RELIGION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE PHONE NO: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MARITAL STATUS: (Please circle) Single Married Separated Divorced Widowed Defacto

## Details of Wife/Husband/Partner (PLEASE PRINT)

TITLE: (Mr/Mrs/Ms, etc.): \_\_\_\_\_

SURNAME: \_\_\_\_\_

MALE:

☐

FEMALE:

☐

CHRISTIAN NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

RELIGION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE PHONE NO: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MARITAL STATUS: (Please circle) Single Married Separated Divorced Widowed Defacto

Please turn over



### Details of Children

Name	Male/ Female	Date of Birth	School (if applicable)

### The Community is dependent on your support for its functioning.

Do you contribute through Thanksgiving Pledge Cards?

☐

No

☐

YES

Do you contribute to St. Mary's Contribution

☐☐

If not, are you prepared to become a contributor by direct debiting?

☐

NO

☐

YES

Do you have any particular skills, trade or profession that you might share with our Community?

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*Thank you for taking the time to complete this form. It will help us greatly in our ministry to you.*