

Instructions to fill out the Bottom Half of this form:

1. Please use pen to complete form.
2. Fill in the Complete Heading which is the General Household Information.
3. In Column A - list the first names of all those living in your household.
4. Complete Column B thru P by referring to the chart below to fill in the appropriate numbers.

Category B	FAMILY RELATIONSHIP
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1. HUSBAND
2. WIFE
3. SON
4. DAUGHTER
5. PARENT OF WIFE OR HUSBAND
6. OTHER RELATIVE
7. SINGLE MALE
8. SINGLE FEMALE
9. OTHER

Category C	SEX
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1. MALE
2. FEMALE

Category D	BIRTH DATE
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List month-date-year (Example: 11/26/47)

Category E	PRESENT MARITAL STATUS
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1. CATHOLIC MARRIAGE
2. OTHER OR CIVIL MARRIAGE
3. WIDOW OR WIDOWER
4. SEPARATED
5. DIVORCED
6. DIVORCED & REMARRIED
7. SINGLE
8. OTHER

Category F	RELIGION
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1. ROMAN CATHOLIC
2. OTHER CHRISTIAN
3. JEWISH
4. OTHER
5. NO ORGANIZED RELIGION

Category G	MASS ATTENDANCE
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1. WEEKLY
2. OFTEN BUT NOT WEEKLY
3. OCCASIONALLY (once a month)
4. SELDOM (less than once a month)
5. NEVER
6. NON-ATTENDANCE DUE TO SPECIAL CIRCUMSTANCES } use back of form to explain

Category H	BAPTISM
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1. BAPTIZED
2. NOT BAPTIZED

Category I	FIRST EUCHARIST
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1. RECEIVED FIRST EUCHARIST
2. DID NOT RECEIVE FIRST EUCHARIST

Category J	CONFIRMATION
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1. RECEIVED CONFIRMATION
2. NOT CONFIRMED

Category K	LEVEL OF EDUCATION COMPLETED
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1. CATHOLIC ELEMENTARY SCHOOL
2. CATHOLIC HIGH SCHOOL
3. PUBLIC ELEMENTARY SCHOOL
4. PUBLIC JUNIOR HIGH SCHOOL
5. PUBLIC SENIOR HIGH SCHOOL
6. CATHOLIC COLLEGE
7. OTHER COLLEGE
8. OTHER

Category L	FUTURE SCHOOL PREFERENCES
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1. CATHOLIC PRE-SCHOOL KGN. PREFERRED
2. CATHOLIC ELEMENTARY SCHOOL PREFERRED
3. PUBLIC SCHOOL PREFERRED
4. OTHER

Category M	LANGUAGE/S SPOKEN
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1. ENGLISH
2. SPANISH
3. ITALIAN
4. POLISH
5. GERMAN
6. FRENCH
7. KOREAN
8. CHINESE
9. OTHER

Category N	OCCUPATION
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1. MEDICINE
2. LAW
3. BUSINESS
4. CREATIVE ARTS
5. CIVIL SERVANT
6. MILITARY
7. EDUCATION
8. COUNSELLING
9. BUILDING TRADES
10. HOMEMAKING
11. STUDENT
12. OTHER

Category O	JOB STATUS
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1. EMPLOYED
2. UNEMPLOYED
3. SELF-EMPLOYED
4. RETIRED

Category P	SPECIAL HEALTH CONSIDERATIONS
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1. HOUSEBOUND
2. BLIND
3. DEAF
4. WHEEL CHAIR
5. LEARNING DISABLED
6. OTHER

