

# Household Member Information

Please only enter people who are presently residing in your household or who are temporarily away for college or military.

Please use the matching letter codes at the bottom of this form to make entries in the numbered categories.

- Other Adult
- Child
- Other Adult
- Child
- Other Adult
- Child
- Other Adult
- Child

	Head 1	Head 2			
<b>1</b> Personal Status					
<b>2</b> Religion					
<b>3</b> Disability					
<b>4</b> Race/Ethnicity					
<b>5</b> 1st Language if not English					
2nd Language					
Occupation					
Company/School					
Business Phone					
Birthday (mm/dd/yy)					
Sex (M/F)					
Present Grade (children)					
E-mail					
Sacraments Received	Check all that apply.				
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Penance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1 MC:**Marriage Catholic (Recognized by Church) **MO:**Marriage Other **S:**Single **W:**Widowed **D:**Divorced **SeP:**Separated **R:**Member of Religious Order
- 2 C:**Catholic **OC:**Other Christian **J:**Jewish **OR:**Other Religion **NR:**No Religion
- 3 B:**legally Blind **D:**Developmentally Disabled **H:**Hearing Impaired **P:**Physically Disabled **S:**Shut-in **O:**Other(specify)
- 4 A:**Asian **B:**Black **H:**Hispanic **N:**Native American **W:**White **O:**Other(specify)
- 5 S:**Spanish **E:**English **C:**Creole **V:**Vietnamese **K:**Korean **T:**Togalog **O:**Other(specify)