

St. Mary's 2010 Census Card/ Registration

PLEASE PRINT

FAMILY HEAD OF HOUSEHOLD
LAST NAME _____ FIRST NAME _____ DATE: _____

MAILING ADDRESS _____ ZIP _____

STREET ADDRESS (IF DIFFERENT FROM ABOVE) _____ PHONE NO. (____) _____

CELL _____ CELL _____ E-MAIL _____

<u>FIRST NAMES OF ALL PEOPLE IN HOUSEHOLD:</u>	<u>BIRTHDATE</u>	<u>WIFE/HUSBAND/CHILD/OTHER RELATIONSHIP</u>	<u>OCCUPATION / SCHOOL / RETIRED / DISABLED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE THERE ANY HOMEBOUND/BEDRIDDEN PERSONS IN THE HOUSEHOLD? NO _____ YES – NAME _____

OTHER SPECIAL NEEDS IN THE HOME: _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____ PHONE: _____