

**ST. CLEMENT PARISH  
CENSUS FORM**

**MEDFORD, SOMERVILLE, MA**

**Telephone number: 781-396-3922 or 781-396-3112**

**Email address: ahoagstclement@verizon.net**

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

FAMILY NAME: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ TEL.# \_\_\_\_\_

	YEAR OF BIRTH	RELIGION	BAPTIZED	CONFIRMED	OCCUPATION	MARRIED BY PRIEST	
			YES	NO		YES	NO
HUSBAND'S NAME							
WIFE'S NAME							
SINGLE PERSON							
NAMES OF CHILDREN LIVING AT HOME	YEAR OF BIRTH	BAPTIZED	CONFIRMED	NAME OF SCHOOL	GRADE	ATTEND CCD?	

NAME OF RELATIVE LIVING IN PARISH: \_\_\_\_\_ WE WISH TO RECEIVE ENVELOPES TO HELP SUPPORT OUR PARISH.  
NAME \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU WANT US TO BRING COMMUNION TO ANY SHUT IN? \_\_\_\_\_ TO WHOM SHOULD THESE ENVELOPES BE ADDRESSED? \_\_\_\_\_

SUGGESTIONS: \_\_\_\_\_