CENSUS 2024

ROMAN CATHOLIC
DIOCESE OF ROCHESTER

I have completed the form online ☐

Please specify the Parish your household currently belongs to:

PRIMARY HOUSEHOLD CONTACT INFORMATION

First Name: | **Middle Name:** | **Last Name:**

Address: | **City:** | **State:**

Postal Code: | **Date of Birth** (MM/DD/YYYY):

Home Phone: | **Cell Phone:**

Email Address:

What is your ethnicity/cultural background? (circle all that apply) | **What is your preferred method of communication?** (circle all that apply)

White	Black or African American	Native American	Asian	Home Phone	Cell Phone	Email
Pacific Islander	Latina/Latino/Hispanic	Other:		Home Phone (TTY)	Text Message	

ADDITIONAL INFORMATION (Check all that apply.)		I (or any members of my household) are graduate(s) of a Catholic grammar school or high school?
	I would like to speak with a priest	Please have the Parish contact me
	I am unable to attend Mass and would appreciate parish visitations	I require special accommodations during Church services
	My household and I have included the Diocese and/or Parish in our Will	Other:

SECONDARY HOUSEHOLD CONTACT

First Name: | **Middle Name:** | **Last Name:**

Date of Birth (MM/DD/YYYY): | **Cell Phone:**

Email Address:

What is your ethnicity/cultural background? (circle all that apply) | **What is your preferred method of communication?** (circle all that apply)

White	Black or African American	Native American	Pacific Islander	Home Phone	Cell Phone	Email
Asian	Latina/Latino/Hispanic	Other:		Home Phone (TTY)	Text Message	

HOUSEHOLD INFORMATION
(Other than your spouse, please list individuals who reside in your household, if applicable)

	Name		Date of Birth	Relation		
	First Name	**Last Name**	**MM/DD/YYYY**	**Child**	**Grandparent/Parent**	**Other**
1						
2						
3						
4						
5						
6						