



**PARISH CENSUS FORM**

**IMMACULATE CONCEPTION CATHOLIC PARISH**

115 North Cushman Street, Fairbanks, AK 99701 Ph. (907) 452-3533  
Fax (907) 456-3336 iccfairbanks@gmail.com www.alaska.net/~icc

Date Recd. \_\_\_\_\_  
Parish Office Use Only

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

ADULT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
*First Middle (Maiden)*

Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_ Catholic \_\_\_ Non-Catholic \_\_\_

Baptized \_\_\_\_\_ Communion \_\_\_\_\_ Confirmed \_\_\_\_\_

ADULT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
*First Middle (Maiden)*

Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_ Catholic \_\_\_ Non-Catholic \_\_\_

Baptized \_\_\_\_\_ Communion \_\_\_\_\_ Confirmed \_\_\_\_\_

Married in Catholic Church \_\_\_ Ecumenical Service \_\_\_ Other \_\_\_\_\_

**CHILDREN AT HOME** (*Mark X for sacraments received*)

Name (First & Middle; Family if different)	Date of Birth	Bapt	Comm	Conf	Grade

**SPECIAL NEEDS**

Are there any special needs in your family (e.g. sick, confined to home)? Please specify. \_\_\_\_\_

\_\_\_\_\_