



Immaculate Conception

67 Main Street, PO Box 269, Hoosick Falls, NY 12090 ~ (518) 686-5064 ~ immconcept@roadrunner.com

CENSUS UPDATE FORM

Family Name _____

Address _____ City: _____ Zip Code: _____

Mailing address if different: _____

Home Phone: _____ Work Phone: _____ E-mail _____

Please write the first and last name of each person living at this address:	Date of Birth	Religion	Baptism	First Communion Y/N	Confirmation Y/N	Special Needs or Occupation/School
<u>Adult's Name:</u>						
<u>Adult's Name:</u>						
<u>Minor's Name(s):</u>						
<u>Additional Names:</u>						

Please Print

Would you like to have someone from the parish contact you? Yes _____ No _____