ST. MARY’S KNANAYA CATHOLIC MISSION, MELBOURNE CENSUS OF KNANAYA CATHOLIC FAMILIES OF KNANAYA MISSION MELBOURNE

(Please use capital letters to complete this form. Use one form for each house. Hand over this to the chaplain or trustees) CENTRE: SOUTH EAST NORTH WEST

|  |  |  |
| --- | --- | --- |
| KOODARA YOGAM |   |  |
| FAMILY NAME |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City | State | POST CODE |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Home Phone  |  | Head e-mail : |
| Mobile phone |  | Spouse e-mail: |
| Spouse phone |  | We will be sending mission information to your given e-mail |

HEAD OF THE FAMILY AND SPOUSE INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Name | Middle Name | Last Name | M/F? |
| HEAD OF FAMILY |  |  |  |  |
| SPOUSE |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date of Birth | Country of Birth |  Year of entry in Australia |  |
| HEAD | MM | DD | YYYY |  |  |  |
| SPOUSE | MM | DD | YYYY |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| HEAD & SPOUSE MARRIAGE INFO. | Date of Marriage | Church of Marriage | Country of marriage |
| MM | DD | YYYY |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Family of Origin | Parents Names | Parish in Kerala | District |
| HEAD |  |  |  |  |
| SPOUSE |  |  |  |  |

OTHER FAMILY MEMBERS’ LIVING IN THE SAME HOUSE WITH YOU

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | FULL NAME | M/F? | DATE OF BIRTH | RELATION TO HEAD |  |
| MEM 1 |  |  | MM | DD | YYYY |  |  |
| MEM 2 |  |  | MM | DD | YYYY |  |  |
| MEM 3 |  |  | MM | DD | YYYY |  |  |
| MEM 4 |  |  | MM | DD | YYYY |  |  |
| MEM 5 |  |  | MM | DD | YYYY |  |  |
| MEM 6 |  |  | MM | DD | YYYY |  |  |
| MEM 7 |  |  | MM | DD | YYYY |  |  |
| MEM 8 |  |  | MM | DD | YYYY |  |  |

PROFESSIONALS IN THE FAMILY (Optional)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME | M/F? | DATE OF BIRTH | PROFESSION |
| PRO 1 |  |  | MM | DD | YYYY |  |
| PRO 2 |  |  | MM | DD | YYYY |  |
| PRO 3 |  |  | MM | DD | YYYY |  |
| PRO 4 |  |  | MM | DD | YYYY |  |
| PRO 5 |  |  | MM | DD | YYYY |  |

All information given above is correct to the best of my knowledge.

Signature of head of family: Date: Chaplain’s Approval:

Note: **This form will be kept highly confidential and will be used only for its sole purpose**.