

CONGREGATIONAL FAMILY CENSUS FORM

Please complete in full if you are a new member or if information has changed and return with your pledge form. PLEASE PRINT CLEARLY.

Last Name _____ First Names _____ Date _____

Address (Please include Development & zip code) _____

Date Joined _____ Home Phone _____ Business or Cell Phones _____

E-Mail Address _____ Please include if you would like to be on the Temple's e-mail list. We will be including e-mail addresses in our member directory this coming fall. Please check here if you DO NOT want it added _____.

Married Single Widow/er Divorced Date of Marriage _____

Father or Single Male Member

Mother or Single Female Member

Place/Date of Birth _____

Hebrew Name _____

(Yours & Your Parents) _____

Occupation _____

Place of Employment _____

Place of Parents' Birth _____

Single Children

First Name & Initial	Birthdate	Hebrew Name

Married Children

Married Name	Birthdate	Resides	Grandchildren

List others besides children who are permanent residents:

List other relatives in our congregation and state how they are related: _____

Yahrzeits

Please complete if you wish to be notified. For current members, add any additional names.

Name of Deceased	/	Relationship (Include to whom)	/	English Date (Include year of death)	/	Hebrew Date (If known)
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_____	/	_____	/	_____	/	_____
_____	/	_____	/	_____	/	_____
_____	/	_____	/	_____	/	_____
_____	/	_____	/	_____	/	_____
_____	/	_____	/	_____	/	_____

Name and community of previous congregation: _____

Orth. Cons. Reform Reconstructionist

State Activities and positions held in previous congregations: _____

Please list special talents, interests, memberships in clubs and communal associations: _____
