**CENSUS FORM- FORMA DEL CENSO**

**P.O. Box 116/ 502 S. Canal St., La Feria, TX 78559**

**Phone #: (956) 797-2666/ Fax: (956)797-3387**

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**W**

**MR & MRS (SR Y SRA)** **MR. (SR.)** **MRS.(SRA)** **MISS (SRTA)**

**NAME (APELLIDO)**

**NAME (NOMBRE)** **SPOUSE NAME (ESPOSA)**

**MAILING ADDRESS (DIRECCION DE CORREO)**

**PHYSICAL ADDRESS (DIRECCION FISICA)**

**CITY (CUIDAD)** **ZIP CODE (CODIGO POSTAL)**

**TELEPHONE (TELEFONO)** **CELL PHONE (CELLULAR)**

**EMAIL ADDRESS (CORREO ELECTONICO)**

**NAMES OF CHILDREN ( NOMBRES DE HIJOS)**

**I WOULD LIKE TO BE CONTACED FOR:****SACRAMENTS** **MINISTRIES** **OTHER**

**ME GUSTARIA SABER MAS DE** **SACRAMENTOS** **MINISTERIOS** **OTRO**