



**SAINT CHARBEL'S MONASTERY
PUNCHBOWL**

**MARONITE CENTRE FOR
RESEARCH & STRATEGIC STUDIES**

CENSUS FORM

Date: _____

(Form filled out by: _____)

OFFICE USE ONLY:

File N#: _____

Suburb: _____

Surname: _____

Date entered: _____

Please return the completed form by:

- 1- Dropping it off at the Parish Office at 142 Highclere Ave, Punchbowl NSW 2196
- 2- Or mailing it to: PO Box 213, Punchbowl NSW 2196
- 3- Or e-mailing it to: info.church@stcharbel.nsw.edu.au

Family Name:			
CONTACT DETAILS:			
Telephone:		Mobile:	
Fax:		Email:	

ADDRESS:			
Street:		Suburb:	
State:		Postcode:	

Husband's Name:		Date of Birth:	
Country of Birth:		Occupation:	
Husband's Marital Status:	At Present: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Wife's Name/ Maiden Surname:		Date of Birth:	
Country of Birth:		Occupation:	
Wife's Marital Status:	At Present: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Village of Origin in Lebanon (Father):			
Family Registered in Lebanon:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place and Number of Registry in Lebanon:	

CHILDREN

	Name	Gender	DOB	Baptised at St. Charbel's Church	Country of Birth	Marital Status	Occupation	Email	Registered in Lebanon	Disabled
1		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PATERNAL GRANDPARENTS

Paternal Grandfather's Name	DOB	Country of Birth	Deceased	If No, Current Status:	Registered in Lebanon
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Independent <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paternal Grandmother's Name	DOB	Country of Birth	Deceased	If No, Current Status:	Registered in Lebanon
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Independent <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note:

* If the children are married, their names should be included in the children section and they will need to fill in another census form as well.

* All the information will be used to establish the parish directory.