

## **Parish Community Demographics Survey**

## **Purpose**

The purpose of this survey is to collect information about our parish community to help us as we think about what ministries we offer, what the needs in our community are, and where there are opportunities to expand or start new ministries. Please have one person from your household fill out this survey for your entire family – submissions are not needed from each family member.

Submissions can be anonymous unless you would like to register for our mailing list in the final question of this survey. This survey can be returned to (ENTER RETURN LOCATION HERE). An online version can be found at (ENTER LINK OR QR CODE HERE).

1.	Parish:
2.	Your age in years (check one): $\square$ 0-19 $\square$ 20-24 $\square$ 25-29 $\square$ 30-34 $\square$ 35-39
	$\square$ 40-44 $\square$ 45-49 $\square$ 50-54 $\square$ 55-59 $\square$ 60-64 $\square$ 65-69 $\square$ 70-74
	□ 75-79 □ 80-84 □ 85+
3.	What city do you live in?
4.	How many people are there in your household?
5.	What are the ages of the other members of your household? (check all that apply):   0-4  5-12  13-19  20-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65-69  70-74  75-79  80-84  85+
6.	How long have you attended this parish? (check one): $\Box$ Less than 1 year $\Box$ 1-3 years $\Box$ 3-5 years $\Box$ 5-10 years $\Box$ 10-15 years $\Box$ 15-20 years $\Box$ 20+ years
7.	What is your current marital status? (check one): Single (never married)  □ Engaged □ Married □ Divorced □ Separated □ Widowed

8.	What ethnicity/race(s) do you identify as? (check all that apply):  ☐ African American/black ☐ African ☐ Caribbean ☐ Chinese ☐ East African ☐ Filipino ☐ Hispanic/Latino ☐ Hmong ☐ Japanese ☐ Korean ☐ Latino ☐ Indigenous ☐ Middle Eastern ☐ Pacific Islander/Hawaiian ☐ South Asian (Indian, Pakistani) ☐ South East Asian (other) ☐ Vietnamese ☐ White (not Hispanic) ☐ Multi-racial ☐ Asian (other unspecified) ☐ Other (not Hispanic./Latino):
9.	What language(s) do you or your family speak? (check all that apply):  American Sign Language
10	Do any of the members of your family have accessibility needs? (check one):  ☐ Yes ☐ No  If yes, what would be most helpful for their full participation at the parish? (check all that apply):  ☐ Auditory accommodations (e.g. ASL interpretation)  ☐ Physical accommodations (e.g. wheelchair ramps)  ☐ Visual accommodations (e.g. non-visual resources/braille)  ☐ Other (please specify)
11	The following portion of the survey is optional and only for those who would like to update their parish registration. This information will be updated in our database, and your responses to the other questions in this survey will be added to help improve our demographic reporting in the future.  Name:
	Address:
	Phone:
	Email: