

# CITY OF ST. BERNARD

## RESIDENT QUESTIONNAIRE

110 Washington Ave.  
Phone: (513) 242-7770 ext 7785  
Fax: (513) 641-1840

St. Bernard, Ohio 45217  
Website: [www.cityofstbernard.org](http://www.cityofstbernard.org)  
Email [census@cityofstbernard.org](mailto:census@cityofstbernard.org)

Current St. Bernard Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_ St. Bernard, Ohio 45217

Date moved to this address: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total number of people living at this address: \_\_\_\_\_

Name: \_\_\_\_\_ M/F \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse: \_\_\_\_\_ M/F \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list other household members:

\_\_\_\_\_ M/F \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

(Add additional household information on back)

Do you own the property in which you live?  Yes  No If no, are you renting:  Yes  No

E-mail: \_\_\_\_\_ (Self) Work: \_\_\_\_\_ Cell: \_\_\_\_\_ [\_\_]

Home Phone: \_\_\_\_\_ [\_\_] (Spouse) Work: \_\_\_\_\_ Cell: \_\_\_\_\_ [\_\_]

*If you would like to be added to the City's call command list, Please indicate the boxes of which numbers to call with an X*

Anticipated changes prior to April 1, 2010 or additional information: \_\_\_\_\_

I certify that the above information is true and accurate and I consent that the above information be used for the St. Bernard Census.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_