



Administration Center
1526 Union Avenue
Natrona Heights PA 15065
724.226.4900 Fax 724.224.3559

Envelope No _____

CENSUS

Household Information

Date _____

Mailing Salutation (e.g., Mr. & Mrs. John Doe): _____

Address: _____

City: _____ State _____ Zip _____

Household Phone: _____ Unlisted _____

Head of Household

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

___ Male ___ Female Date of Birth: _____

Religious Affiliation: _____ Occupation: _____

Marital Status: ___ Catholic Marriage Date: _____ Parish: _____

___ Civil Marriage ___ Widowed ___ Separated ___ Divorced ___ Never Married

Baptism: ___ Yes Date: _____ Parish: _____ ___ No

Holy Communion: ___ Yes Date: _____ Parish: _____ ___ No

Confirmation: ___ Yes Date: _____ Parish: _____ ___ No

Cell Phone: _____ Email: _____

Current Employer/School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound: ___ Yes ___ No

Are you in a Care Facility: ___ Yes ___ No Name of Facility: _____

If yes, name of closest relative: _____ Phone Number: _____

Additional Comments: _____

Spouse

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Male Female Date of Birth: _____

Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

Baptism: Yes Date: _____ Parish: _____ No

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer/School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound: Yes No

Are you in a Care Facility: Yes No Name of Facility: _____

If yes, name of closest relative: _____ Phone Number _____

Child

First Name: _____ Middle Name: _____

Last Name: _____

Male Female Date of Birth: _____

Baptism: Yes Date: _____ Parish: _____ No

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

School: _____ Grade: _____

Special Needs: _____

Child

First Name: _____ Middle Name: _____

Last Name: _____

Male Female Date of Birth: _____

Baptism: Yes Date: _____ Parish: _____ No

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

School: _____ Grade: _____

Special Needs: _____

Child

First Name: _____ Middle Name: _____

Last Name: _____

Male Female Date of Birth: _____

Baptism: Yes Date: _____ Parish: _____ No

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

School: _____ Grade: _____

Special Needs: _____

Other Household Member

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Male Female Date of Birth: _____

Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

Baptism: Yes Date: _____ Parish: _____ No

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Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer/School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound: Yes No

Are you in a Care Facility: Yes No Name of Facility: _____

If yes, name of closest relative: _____ Phone Number: _____



Parish Ministries & Organizations

Please indicate which Ministries or Organizations you are currently involved in or those in which you are interested in becoming involved.

Name: _____

Adult Choir and/or Resurrection Choir	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Adult Altar Server	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Altar Server (4 th grade or up)	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Altar Society/Sacristan	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Cantor	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Children's Liturgy Aid	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Cleaning Volunteer	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Eucharistic Minister (ages 18 & up)	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Fundraising Volunteers	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Gardening Volunteer	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Greeter	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Knights of Columbus	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Ladies of Charity	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Lector	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Maintenance Volunteer	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Marriage Sponsor Couple	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Money Counter	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Prayer Group	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
RCIA	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Religious Education Teacher/Aide	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Rosary Society	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Senior Social Group	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
St. Vincent de Paul Society	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Usher	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Vacation Bible School Volunteer	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in
Youth Group (Grades 8 th - 12 th)	<input type="checkbox"/> Involved	<input type="checkbox"/> Interested in

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