



OPV CATHOLIC PARISH REGISTRATION FORM

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www.opvcatholic.org

Envelope Number: _____

Confidential Census Form: (Please print)

Date: _____

Family Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone Number: _____

Cell Phone Number _____ name: _____

_____ name: _____

Which church will you be attending? ____ SJB ____ OLOJ ____ SJV ____ STI ____ SJAN

Member Information:

Member 1:

First Name _____ Middle Name _____ Last Name _____
Maiden Name _____ Date of Birth _____ Female _____ Male _____
Religion _____ Highest Grade/Degree _____ Disabilities _____
Occupation _____ Employer _____ Work Number _____
Retired _____yes _____no. Do you attend Mass? _____

Sacraments:

Baptism _____yes _____no Communion _____yes _____no Confirmation _____yes _____no
Place & Year _____ Place & Year _____ Place & Year _____
Marital Status: ___ Catholic Marriage ___ Civil/other ___ Single ___ Widowed ___ Separated ___ Divorced
Date of Marriage: _____ Parish where married: _____

Member 2:

First Name _____ Middle Name _____ Last Name _____
Maiden Name _____ Date of Birth _____ Female _____ Male _____
Religion _____ Highest Grade/Degree _____ Disabilities _____
Occupation _____ Employer _____ Work Number _____
Retired _____yes _____no. Do you attend Mass? _____

Sacraments:

Baptism _____yes _____no Communion _____yes _____no Confirmation _____yes _____no
Place & Year _____ Place & Year _____ Place & Year _____
Marital Status: ___ Catholic Marriage ___ Civil/other ___ Single ___ Widowed ___ Separated ___ Divorced
Date of Marriage: _____ Parish where married: _____

Member 3:

First Name _____ Middle Name _____ Last Name _____
Maiden Name _____ Date of Birth _____ Female _____ Male _____
Religion _____ Highest Grade/Degree _____ Disabilities _____
Occupation _____ Employer _____ Work Number _____
Retired _____yes _____no. Do you attend Mass? _____

Sacraments:

Baptism _____yes _____no Communion _____yes _____no Confirmation _____yes _____no
Place & Year _____ Place & Year _____ Place & Year _____
Marital Status: ___ Catholic Marriage ___ Civil/other ___ Single ___ Widowed ___ Separated ___ Divorced
Date of Marriage: _____ Parish where married: _____