

HOLY FAMILY CHURCH

1200 Ligonier Street, Latrobe, PA 15650 724-539-9751

Parish Registration

Family Name: _____

Address: _____

City & Zip Code: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

Please indicate the TOTAL number at this address: _

** Those over 21 should have their own census form. Do you need extra form? _____

Marital Status:

_____ Married

_____ Single

_____ Widowed

_____ Separated

_____ Divorced

_____ Church Annulled

If married, date of wedding: _

Were you married by a Catholic Priest? _____ Yes _____ No

Church—Name & Full Address: _____

If not married by a priest, who performed the ceremony? (Name of minister or civil magistrate)

How do you wish to be addressed? (circle one)

Mr. Mrs. Mr. & Mrs. Miss Ms. Dr.

Other: _____

Email Address: _____

Head of Household

Name (First, Middle, Maiden) _____

Birth Date _____

Personal Email Address _____

Personal Cell Phone Number _____

Religious Background (please check one)

CATHOLIC: Weekly Attendance _____ **Occasional** _____ **Seldom** _____

CATHOLIC: Other Rite (example, Byzantine) _____

PROTESTANT: Which Denomination _____

OTHER: _____

NEVER BAPTIZED: _____

**** Date of Baptism:** _

Church of Baptism: _____

Complete Address: _____

**** Date of First Communion:** _

Church of First Communion: _____

Complete Address: _____

**** Date of Confirmation:** _

Church of Confirmation: _____

Complete Address: _____

Occupational Background:

Presently: Employed _____ **Retired** _____ **Unemployed** _____ **Disabled** _____

Currently Employed at: _____

Position/ Job Skill _____

Needs: I am physically challenged in the following area/areas (please check)

Sight _____ **Hearing** _____ **Speech** _____ **Physical Movement** _____ **Other** _____

Homebound _____

Spouse

Name (First, Middle, Maiden) _____

Birth Date _____

Personal Email Address _____

Personal Cell Phone Number _____

Religious Background (please check one)

CATHOLIC: Weekly Attendance _____ Occasional _____ Seldom _____

CATHOLIC: Other Rite (example, Byzantine) _____

PROTESTANT: Which Denomination _____

OTHER: _____

NEVER BAPTIZED: _____

**** Date of Baptism:** _____

Church of Baptism: _____

Complete Address: _____

**** Date of First Communion:** _____

Church of First Communion: _____

Complete Address: _____

**** Date of Confirmation:** _____

Church of Confirmation: _____

Complete Address: _____

Occupational Background:

Presently: Employed _____ Retired _____ Unemployed _____ Disabled _____

Currently Employed at: _____

Position/ Job Skill _____

Needs: I am physically challenged in the following area/areas (please check)

Sight _____ Hearing _____ Speech _____ Physical Movement _____ Other _____

Homebound _____

CHILDREN IN RESIDENCE (under 21) .. List oldest to youngest

Name: _

Relationship to Head of Household:

Birth Date: _

Baptism Date & Church of Baptism:

First Communion Date & Church of First Communion:

Confirmation Date & Church of Confirmation:

Grade & School Attending:

Church attendance: Weekly Seldom

Name: __

Relationship to Head of Household:

Birth Date: _

Baptism Date & Church of Baptism:

First Communion Date & Church of First Communion:

Confirmation Date & Church of Confirmation:

Grade & School Attending:

Church attendance: Weekly Seldom

Name: _

Relationship to Head of Household:

Birth Date: _

Baptism Date & Church of Baptism:

First Communion Date & Church of First Communion:

Confirmation Date & Church of Confirmation:

Grade & School Attending:

Church attendance: Weekly Seldom

Name: __

Relationship to Head of Household:

Birth Date: _

Baptism Date & Church of Baptism:

First Communion Date & Church of First Communion:

Confirmation Date & Church of Confirmation:

Grade & School Attending:

Church attendance: Weekly Seldom