



**THE ROMAN CATHOLIC
CHURCHES OF UNIONTOWN**
 MAIN OFFICE
 61 N. MOUNT VERNON AVENUE
 UNIONTOWN, PA 15401

FAMILY CENSUS REGISTRATION

Parish Choice: St. John the Evangelist St. Joseph St. Mary Nativity St. Therese
 Mr. & Mrs. Dr. & Mrs. Mr. Mrs. Ms.

Family Name: _____

Physical Address: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____(Home) _____(Other)

Marital Status: Married Single Widowed Separated Divorced Annulled

Marriage Info: Date of Marriage: _____

Place of Marriage: Church _____

City _____ State _____

If Other _____

City _____ State _____

Would you like to receive a copy of the *Catholic Accent*? Yes No

If anyone in your household have special needs? If so, please list name and need.

Date: _____

For Office Use Only
 Date: _____
 ID # _____ PDS _____
 Starter Set _____

HEAD OF HOUSEHOLD Catholic Non-Catholic

Last Name: _____ First Name: _____ Middle: _____ Maiden: _____

Birth Date: ___/___/___ Occupation: _____ Race: _____

Date of Baptism: ___/___/___ Church: _____ City/State: _____

Date of First Eucharist: ___/___/___ Church: _____ City/State: _____

Date of Confirmation: ___/___/___ Church: _____ City/State: _____

SPOUSE Catholic Non-Catholic

Last Name: _____ First Name: _____ Middle: _____ Maiden: _____

Birth Date: ___/___/___ Occupation: _____ Race: _____

Date of Baptism: ___/___/___ Church: _____ City/State: _____

Date of First Eucharist: ___/___/___ Church: _____ City/State: _____

Date of Confirmation: ___/___/___ Church: _____ City/State: _____

CHILD IN RESIDENCE Catholic Non-Catholic

Last Name: _____ First Name: _____ Middle: _____

Relationship to Head of Household: _____ Birth Date: ___/___/___ Race: _____

Sex: _____ Current Grade: _____ School Attending: _____

Date of Baptism: ___/___/___ Church: _____ City/State: _____

Date of First Eucharist: ___/___/___ Church: _____ City/State: _____

Date of Confirmation: ___/___/___ Church: _____ City/State: _____

CHILD IN RESIDENCE Catholic Non-Catholic

Last Name: _____ First Name: _____ Middle: _____

Relationship to Head of Household: _____ Birth Date: ___/___/___ Race: _____

Sex: _____ Current Grade: _____ School Attending: _____

Date of Baptism: ___/___/___ Church: _____ City/State: _____

Date of First Eucharist: ___/___/___ Church: _____ City/State: _____

Date of Confirmation: ___/___/___ Church: _____ City/State: _____

CHILD IN RESIDENCE Catholic Non-Catholic

Last Name: _____ First Name: _____ Middle: _____

Relationship to Head of Household: _____ Birth Date: ___/___/___ Race: _____

Sex: _____ Current Grade: _____ School Attending: _____

Date of Baptism: ___/___/___ Church: _____ City/State: _____

Date of First Eucharist: ___/___/___ Church: _____ City/State: _____

Date of Confirmation: ___/___/___ Church: _____ City/State: _____