

OUR LADY OF THE ALLEGHENIES ROMAN CATHOLIC PARISH
608 MAIN STREET – LILLY, PA 15938 ... PARISH CENSUS REGISTRATION FORM

PLEASE PRINT LEGIBLY TODAY'S DATE: _____ YOUR ENVELOPE # _____

FAMILY LAST NAME _____

CURRENT ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ UNLISTED? _____

MALE HEAD OF HOUSEHOLD – *IF THERE IS NONE, LEAVE BLANK. IF HE IS DECEASED CHECK HERE:* _____

FIRST NAME: _____ MIDDLE NAME: _____

OCCUPATION: _____ DATE OF BIRTH: _____

RELIGION: ROMAN CATHOLIC _____ OR OTHER (PLEASE SPECIFY): _____

BAPTISM: YES OR NO: _____ DATE: _____ CHURCH/CITY/STATE: _____

1ST HOLY COMMUNION: YES OR NO: _____ DATE: _____ CHURCH/CITY/STATE: _____

CONFIRMATION: YES OR NO: _____ DATE: _____ CHURCH/CITY/STATE: _____

MARITAL STATUS: SINGLE _____; DIVORCED _____; ANNULLED _____; WIDOWED _____; SEPARATED _____

CURRENTLY MARRIED: YES OR NO: _____ DATE OF MARRIAGE: _____ CHURCH/CITY/STATE: _____

**IF NOT MARRIED IN A ROMAN CATHOLIC CHURCH THEN: WHERE?* _____

BY WHAT KIND OF OFFICIANT? _____

WAS YOUR MARRIAGE LATER BLESSED BY THE CHURCH? YES OR NO? _____

IF YES WHERE & BY WHOM? _____

FEMALE HEAD OF HOUSEHOLD – *IF THERE IS NONE, LEAVE BLANK. IF SHE IS DECEASED CHECK HERE:* _____

FIRST NAME: _____ MIDDLE NAME: _____

OCCUPATION: _____ DATE OF BIRTH: _____

RELIGION: ROMAN CATHOLIC _____ OR OTHER (PLEASE SPECIFY): _____

BAPTISM: YES OR NO: _____ DATE: _____ CHURCH/CITY/STATE: _____

1ST HOLY COMMUNION: YES OR NO: _____ DATE: _____ CHURCH/CITY/STATE: _____

CONFIRMATION: YES OR NO: _____ DATE: _____ CHURCH/CITY/STATE: _____

MARITAL STATUS: SINGLE _____; DIVORCED _____; ANNULLED _____; WIDOWED _____; SEPARATED _____

CURRENTLY MARRIED: YES OR NO: _____ DATE OF MARRIAGE: _____ CHURCH/CITY/STATE: _____

**IF NOT MARRIED IN A ROMAN CATHOLIC CHURCH THEN: WHERE?* _____

WHERE? _____

BY WHAT KIND OF OFFICIANT? _____

WAS YOUR MARRIAGE LATER BLESSED BY THE CHURCH? YES OR NO? _____

IF YES WHERE & BY WHOM? _____

CHILDREN LIVING AT THIS ADDRESS WHO ARE CURRENTLY IN HIGH SCHOOL OR YOUNGER

(NOTE: CHILDREN WHO ARE 18 OR OLDER AND OUT OF HIGH SCHOOL WILL FILL OUT THEIR OWN FORMS)

NAME (FIRST, MIDDLE, LAST)	DATE/CITY/STATE OF BIRTH	BAPTISM CHURCH/CITY AND DATE	FIRST HOLY COMMUNION CHURCH/CITY AND DATE	CONFIRMATION CHURCH/CITY AND DATE	PRESENT SCHOOL ATTENDED AND GRADE LEVEL

IS THERE ANYONE IN THIS HOUSEHOLD WHO IS HOMEBOUND OR CONFINED IN A NURSING HOME? _____

WHO? _____ IF HOMEBOUND, DO THEY WANT 1ST FRIDAY COMMUNION? _____

DO YOU HAVE A CEMETERY PLOT? _____ UNDER WHAT NAME? _____

IN ST. BRIGID CEMETERY? _____ IN MT. CARMEL CEMETERY? _____ IN OUR LADY OF THE ALLEGHENIES? _____

OF SPACES? _____ DO YOU WISH TO OBTAIN INFORMATION ABOUT THE CEMETERY? _____

ARE YOU INTERESTED IN ANY OF THE FOLLOWING?

ALTAR SERVER

READER

EXTRA-ORDINARY MINISTER OF HOLY COMMUNION

MUSIC MINISTRY

USHER

CCD TEACHER OR VOLUNTEER (MUST HAVE APPROPRIATE CLEARANCES)

FUNDRAISING COMMITTEE OR VOLUNTEERING

FESTIVAL COMMITTEE OR VOLUNTEERING

KNIGHTS OF COLUMBUS (MEN 18+)

ST. VINCENT DE PAUL SOCIETY

VOLUNTEER TO HELP WITH MAINTENANCE

YOUTH MINISTRY (MUST HAVE APPROPRIATE CLEARANCES)