St. Nicholas Catholic Church, Walnutport, PA
Family Information Form

Family Last Name: _____

Male Parishioner's Name: _____

Male's Religion: _____ Date of Birth: _____
Baptized ☐ First Holy Communion ☐ Confirmed ☐
Workplace: _____

Female Parishioner's Name: _____
Maiden Name: _____
Female's Religion: _____ Date of Birth: _____
Baptized ☐ First Holy Communion ☐ Confirmed ☐
Workplace: _____

Home Address: _____
_____

Home Phone Number: _____
Fax #_____ Email: _____

Envelope Number: _____

Marital Information: Married ☐ Single ☐ Separated ☐ Divorced ☐ Annulled ☐ Widowed ☐

Church of Marriage: _____ Date: _____
Place _____ _____
(City) (State)
By whom: _____

Children (Living at home- please include College Students)

					BAPTIZED	FIRST HOLY COMMUNION	CONFIRMED
(1) _____	Birth date: _____	Grade ____	School attending: _____	Sacraments:	☐	☐	☐
(2) _____	Birth date: _____	Grade ____	School attending: _____	Sacraments:	☐	☐	☐
(3) _____	Birth date: _____	Grade ____	School attending: _____	Sacraments:	☐	☐	☐
(4) _____	Birth date: _____	Grade ____	School attending: _____	Sacraments:	☐	☐	☐
(5) _____	Birth date: _____	Grade ____	School attending: _____	Sacraments:	☐	☐	☐

Parish Activities: (Altar & Rosary, Men's Group, Eucharistic Minister, Lector, etc.)

Name: _____ Parish Activities: _____
Name: _____ Parish Activities: _____
Name: _____ Parish Activities: _____
Name: _____ Parish Activities: _____

Special Talents (Carpentry, typist, crafts, etc.) _____
_____

Are you or your spouse interested in becoming Catholic? _____

Is there anyone in your household in need of a Sacrament? _____

Are there any special needs that you would like to talk to Fr Adam Sedar about? _____
_____

(Office use only)

Date Welcomed in our Parish: _____ Entered in Computer _____

Development Office _____ Card Typed _____ AD Times _____ A & R _____