## Seven Sorrows BVM 280 N Race Street Middletown, PA 17057 (717)944-3133

## Dear Friend,

On behalf of our parish family at Seven Sorrows BVM, I warmly welcome you to our community. It is a joy to have you with us, I pray that you find our parish to be a place of faith, friendship, and spiritual growth.

Transitioning to or joining a new parish can sometimes feel overwhelming, but please know that you are not alone. We have a great ministry called Friends in Faith. If you would like a Friend in Faith to help you navigate your new spiritual home, we would love to connect you with someone who can walk with you on your journey. Whether you need assistance finding a ministry, learning about our school, or simply getting to know fellow parishioners, we are here to help.

Please feel free to complete the attached Friends in Faith Card so we can introduce you to fellow parishioner. You are a valued member of our community and we look forward worshiping, growing, and serving along side you.

Sincerely,

Fr. Tim Sahd



## FRIENDS IN FAITH Welcome to SSBVM

WE ASSIGN YOU A FRIEND IN FAITH TO WELCOME YOU TO YOUR NEW HOME.

## Your Friend in Faith will...

- Attend Mass with you if desired.
- Be available for questions that may arise as you journey in your new faith community.
- Help you make connections, get involved, in the parish community.
- Share the joy of living as a Catholic and regularly pray for you.



Your Info

Please check here to allow us to provide your info to your assigned Friend in Faith.

Name

Address

Phone

Email

Seven Sorrows B.V.M. Census Report Form	vs B.V	M. Ce	nsus F	Report	Form	
Family Name		Wee	Weekly Envelope No./s	./s		
Street Address		Apa	rtment Number (	Apartment Number (or Post Office Box)	x)	
City		State	G		- Zip	
Home/Cell Phone Number		Woj	Work Telephone Number (Head)	nber (Head)		
Email		Woj	Work Telephone Number (Spouse)	nber (Spouse)		
Census Date						
Arrival Date	ADULT	ADULT	CHILD	CHILD	CHILD	OTHER
Members in Household (enter first name, and last if last is different from						
Family name)				· .		
<ol> <li>Male Head of Household</li> <li>Female Head of Household/Spouse (enter maiden name)</li> <li>Offspring of Head of Household (at home)</li> <li>Offspring of Head of Household (away from home)</li> <li>Parent of Head of Household</li> <li>Sibling of Head of Household</li> </ol>						
7. Other Relative						
Gender (Male or Female)			·			
Date of Birth (Month/Day/Year)						5
Race - Ethnic Origin (select one for each family member) White, Black, Hispanic, Oriental, American Indian, Other				·		
<b>Religion</b> (select one for each family member, enter number) 1. No Religious Affiliation 2. Roman Catholic 3. Eastern Rite Catholic 4. Protestant 5. Jewish 6. Other						

Mass Attendance(Enter number for each family member)1. Regular (Weekly to Monthly)2. Irregular (Weekly to Monthly)3. Seldom (2 to 3 Times a Year)4. Less Than Once a Year	<ul> <li>(enter number for each family member)</li> <li>1. Single 2. Married Validly</li> <li>3. Married Invalidly - Referred to Tribunal</li> <li>4. Married Invalidly - Not Referred to Tribunal</li> <li>5. Separated 6. Divorced (From a Catholic)</li> <li>7. Divorced (From a Non-Catholic)</li> <li>8. Widowed 9. Cohabitating</li> </ul>	Marital Status	Place of Marriage (Indicate Church, City & State)	Date of Marriage (Month/Day/Year)	Confirmation Place (Indicate Church, City & State)	Confirmation Date (Month/Day/Year)	First Communion Place (Indicate Church, City & State)	First Communion Date (Month/Day/Year)	Baptism Place (Indicate Church, City & State)	Baptism Date (Month/Day/Year)	ADI
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											ADULT
	-										CHILD
		-				•		•			CHILD
											CHILD
											OTHER

<ol> <li>Aging Problems</li> <li>Alcoholism</li> <li>Alcoholism</li> <li>Housing Problems</li> <li>Housing Problems</li> <li>Housing Problems</li> <li>Housing Problems</li> <li>Learning Disability</li> <li>Learning Disability</li> <li>Learning Disability</li> <li>Learning Disability</li> <li>Poverty Level Income</li> <li>Deaf</li> <li>Mental Retardation</li> <li>Drug Related</li> <li>Unemployment</li> <li>Unemployment</li> <li>Housing Problems</li> </ol>	Special Needs & Concerns (enter number/s for each family member from list if applicable)	Hobbies/Talents	Employers Name	Occupation (Job Title, A - Active, R - Retired or N/A)	d. If Presently a Student, Enter School & Grade	c. College or University	b. Secondary	a. Elementary	Education (enter C - Catholic or P - Public and number of years)	1
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				* *	CHILD
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001111111111111111111111111111111111111	Committees	
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(enter the numbers from the list below if interested)

beds)	17.Fish Fry 18.Gardening Angels (maintaining outside flower	16.Festival Committee	15.Eucharistic Minister	14.Decorating (Holiday Church Decorations)	13.Council of Catholic Women	12.Church Cleaner	11.Choir	10.Chocolate Eggs	9. Cantor	8. Boy Scouts	7. Bible Study	6. Bereavement Ministry	5. Athletic Association	4. Arimatheans	3. Altar Server	2. Adult Education	1. Adoration
37. Youth Group	35.Usher 36.VBS (Vacation Bible School)	34.TMIY (That Man Is You)	33.Senior Ministry (55yrs+)	32.Rosary Leaders	31.Room At Our Table (under 55yrs)	<b>30.Religious Education Teacher</b>	29.Pro-Life Activities	28.Playroom Attendant (during Masses)	27.Off The Streets	26.O.C.I.A. (Order of Christian Initiation of Adults)	25.Morning Rosary group	24. Marriage Mentors	23.Live Nativity	22.Legion of Mary	21.Lector	20.Knights of Columbus	19. High School Ministries

ADULT
ADULT
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OTHER