

**Do Not Write in this Space**

Date Received \_\_\_\_\_  
Date Pastor Reviewed \_\_\_\_\_  
Date Att'd NP Mtg. \_\_\_\_\_

**DIOCESE OF ERIE**  
**St. John the Evangelist (Census Form – Confidential)**  
P.O. Box 336, Girard, PA 16417

Please **PRINT** the information (both sides) requested and check appropriate boxes that apply. Use envelope to return this form. All information will be confidential.

Family Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Male Adult**

\_\_\_\_\_  
First Name (M.I.) Religion Date of Birth Cell # Email

Sacraments Received  Baptism Penance Eucharist Confirmation  
Mass Attendance Regular  Occasional Seldom Never  
Employment Status Employed Unemployed Retired Student

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

**Adult Female**

\_\_\_\_\_  
First Name (Maiden Name) (M.I.) Religion Date of Birth Cell #

Email: \_\_\_\_\_  
Sacraments Received Baptism  Penance  Eucharist  Confirmation  
Mass Attendance Regular  Occasional Seldom Never  
Employment Status Employed  Unemployed  Retired Student

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

**Marital Status**

Single  Married  Divorced  Separated  Widowed  Other

Church of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If the marriage was celebrated in a non-Catholic Church, was dispensation obtained from a Catholic bishop?  Yes  No

**Children Living in your household (list full name if different from family name)**

*Sacraments*

First Name	Last - if Different	GENDER M/F	DATE OF BIRTH	RELIGION	BAPTISM Y/N	PENANCE Y/N	EUCHARIST Y/N	CONFIRMATION Y/N	ATTENDED Y/N	School/Grade
Other Adults (Relationship)										Spiritual Needs

If your Mass attendance is occasional, seldom or never, please comment including any suggestions you may care to offer.

Remarks: (Include Special Needs/Disabilities)