

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 32, 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	<input type="checkbox"/> Baptism	Penance	Eucharist	Confirmation	
Mass Attendance	Regular	<input type="checkbox"/> 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	<input type="checkbox"/> Penance	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	
Mass Attendance	Regular	<input type="checkbox"/> Occasional	Seldom	Never	
Employment Status	Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> 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

		G E N D E R	D A T E O F B I R T H	R E L I G I O N	B A P T I S M	P E N A N C E	E U C H A R I S T	C O N F I R M A T I O N	A T T E N D R E L E D	
First Name	Last - if Different	M/F			Y/N	Y/N	Y/N	Y/N	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)