

Family Census /
Registration Form

SAINT URSULA PARISH
3937 Kirk Avenue
Allison Park, PA 15101

Parishioner ID: _____
(To be completed by office)

PLEASE PRINT ALL INFORMATION CLEARLY

Are you new to St. Ursula? (circle one) Yes No

Family Member #1

Last Name: _____ First: _____ Title: _____ Suffix: _____
(Full name, Maiden name, if applicable)

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: (____) _____ Home Office Cell Listed Unlisted Phone 2: (____) _____ Home Office Cell Listed Unlisted

Occupation or Profession: _____ e-Mail: _____

Date of Birth: _____ Catholic Non-Catholic If a Catholic: Baptized Communion Confirmed

Marital Status: Single Married Widow/Widower

Date of Marriage: _____ Name of Church: _____ Location: _____

Parish Ministries in which you are involved or have an interest: _____

Family Member #2

Last Name: _____ First: _____ Title: _____ Suffix: _____
(Full name, Maiden name, if applicable)

Occupation or Profession: _____ Cell Phone Number: (____) _____

Date of Birth: _____ Catholic Non-Catholic If a Catholic: Baptized Communion Confirmed

Parish Ministries in which you are involved or have an interest: _____

Saint Ursula Parish – Family Census Form

Other Adult(s) Over 18 (if more than two other adults please provide information on a separate sheet)
 Note: Unless there are special circumstances, anyone 18 years of age or older should be registered independently from their parents and have their own set of envelopes.

	Other Adult #1	Other Adult #2
Name		
Relationship		
Date of Birth		
Occupation		
Cell Phone		
Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Sacraments	<input type="checkbox"/> Baptized <input type="checkbox"/> Communion <input type="checkbox"/> Confirmed	<input type="checkbox"/> Baptized <input type="checkbox"/> Communion <input type="checkbox"/> Confirmed

Children (18 years of age or younger)

First Name (Last name if different)	Birth Date	Sacraments			Religious Instruction	
		Baptized	Communion	Confirmed	Catholic School	Religious Education
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs (Disabilities) Adults or Children

Names: _____ Needs: _____

Special Abilities, or Hobbies for Possible Parish Service

Names: _____ Skills, Abilities, Hobbies: _____

Parish Ministries

Interested in becoming involved in any Parish Ministries? If so, please indicate the Ministry(ies) and a representative will contact you.

I (we) are also registered at _____ parish.

Signature: _____ Date: _____