All information provided is confidential



St. Mary, Mother of God Church Census Form 608 High Street – Freeport, PA 16229 Office 724-295-2281 Fax 724-295-3090

FAMILY NAME:

ENVELOP NUMBER: _____

DATE COMPLETED _____

E-Mail: thechurch@stmaryfreeport.com Web Site: www.stmaryfreeport.com

Adult 1:	DOB:	Adult 2:	DOR:
		Last Name if Different from	n Adult 1:
Nick name:	Gender	: Nick name:	Gender:
Catholic: Yes No		Catholic: Yes 1	No
Suffix: (Jr. Sr. etc.) Ti	tle: Mr. & Mrs	Mr Ms Mrs Dr.	
Mailing Address:		City:Zip Code:	
Home Phone:			
Marital Status			
ТҮРЕ	Date	Church	City
Sacramental Church Marriage			
Marriage not in Catholic Church			
Civil Marriage		N/A	
Single Widowed	Divorced Sep	parated Other (please explain)	
lf Widowed, Divorced or Separate			

Child's Name (include last name if different from Family Name)	Date of Birth	Age	Grade In School	Check if Baptized	Check if received First Holy Communion	Check if Confirmed
additional children please attach separate sheet with info	rmation)				1	
ther Information (if you answer yes to any of the follow	ving someone from th	ne parish wil	ll contact you d	irectly_		
you or a member of your family is homebound	would you:					
Like to have someone from the parish visit	them					
Like to have them placed on the First Frida	y Communion Sch	edule				
Like to have someone from the parish assis	t them with trans	portation	to Sunday N	⁄lass		
<u> 1inistries</u>						
please have someone contact me regarding	g participation in	ministries	(lector, ushe	er, mercy meal	s)	
st Ministries of Interest:						
FFICE USE ONLY:						

Welcome Packet Sent Date/Initial:

Data Base Entry Date/Initial:

Reviewed by Pastor Date/Initial: