

# SAINT PASCHAL BAYLON PARISH PARISHIONER DATA FORM

(please print)

TODAY'S DATE: \_\_\_\_\_

## 1. HEAD OF HOUSEHOLD:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: M / F Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Marital Status (circle): SINGLE MARRIED WIDOWED SEPARATED DIVORCED

Did you attend Saint Paschal Baylon School? If so, graduation year: \_\_\_\_\_

Graduated High School? YES / NO Type: PUBLIC/CATHOLIC/PRIVATE High School Name: \_\_\_\_\_

Attended College? YES / NO Graduated College? YES / NO

Degree/Major: \_\_\_\_\_ College Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Sacraments Received:	( v if yes )	Year	Church
Baptism:	_____	_____	_____
Communion:	_____	_____	_____
Confirmation:	_____	_____	_____
Matrimony:	_____	_____	_____

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## 2. SPOUSE:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(if different)

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Did you attend Saint Paschal Baylon School? If so, graduation year: \_\_\_\_\_

Graduated High School? YES / NO Type: PUBLIC / CATHOLIC / PRIVATE School Name: \_\_\_\_\_

Attended College? YES / NO Graduated College? YES / NO

Degree/Major: \_\_\_\_\_ College Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Sacraments Received:	( v if yes )	Year	Church
Baptism:	_____	_____	_____
Communion:	_____	_____	_____
Confirmation:	_____	_____	_____
Matrimony:	_____	_____	_____

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## PARISH INVOLVEMENT – INTERESTS

If either or both members of the household are interested in becoming involved in parish ministry, please list below what areas you would like more information about and you will be contacted. Please indicate who is interested:

\_\_\_\_\_

### 3. OTHERS LIVING IN HOUSEHOLD (CHILDREN):

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Religion, if not Catholic: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ If Public, attends PSR or CCD? YES / NO

Sacraments Received: ( v if yes ) Year Church

Baptism: \_\_\_\_\_

Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Religion, if not Catholic: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ If Public, attends PSR or CCD? YES / NO

Sacraments Received: ( v if yes ) Year Church

Baptism: \_\_\_\_\_

Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Religion, if not Catholic: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ If Public, attends PSR or CCD? YES / NO

Sacraments Received: ( v if yes ) Year Church

Baptism: \_\_\_\_\_

Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Religion, if not Catholic: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ If Public, attends PSR or CCD? YES / NO

Sacraments Received: ( v if yes ) Year Church

Baptism: \_\_\_\_\_

Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

### 4. OTHER ADULTS OR YOUNG ADULTS LIVING IN THIS HOUSEHOLD:

If so, please provide information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age/Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School/Employer/Retired: \_\_\_\_\_ School/Employer/Retired: \_\_\_\_\_

Marital Status & Relationship: \_\_\_\_\_ Marital Status & Relationship: \_\_\_\_\_