



CHURCH OF THE RESURRECTION

PASTORAL CENTER
 349 Morris Street, Clymer, PA 15728
 Office Hours: 9:00 AM—4:00PM
 Phone: (724) 254-3041
 Fax: (724) 254-3045
 www.churchresurrection.org

Family Census Registration

Mr. & Mrs. Dr. & Mrs. Mr. Mrs. Ms. Miss

Family Name: _____

Physical Address: _____

Mailing Address: _____
(If different than physical)

City/State/Zip: _____

Phone Number: _____ - _____ - _____

Marital Status: Married Single Widowed Separated Divorced Annulled
(please circle one)



Date of Marriage: _____

Place of Marriage: +Church _____

City: _____ State: _____

+If other _____

City: _____ State: _____

Would you like to receive a copy of the *Catholic Accent*? Yes No

Site you frequently attend: Clymer Ernest G. Campbell Heilwood Rossiter
(please circle one)

Is anyone in your household have special needs? If so, please list name and need.
(e.g., Hearing Impaired, Visually Impaired, Physically Disabled, Mentally Disabled, Homebound, etc.)

Email Address: _____

For Office Use Only

Date: ____/____/____
 Env//Id #: _____
 PDS: _____ Accent: _____
 Starter: _____ Kids E: _____

**Please continue on
 REVERSE SIDE...**



Last Name: _____

HEAD OF HOUSEHOLD CATHOLIC NON-CATHOLIC

Last Name: _____ First Name: _____ Middle: _____

Birthdate: ____/____/____ Occupation: _____ Race: _____

Date of Baptism: ____/____/____ Church: _____ City _____ State _____

Date of First Eucharist: ____/____/____ Church: _____ City _____ State _____

Date of Confirmation: ____/____/____ Church: _____ City _____ State _____

SPOUSE CATHOLIC NON-CATHOLIC

Maiden Name: _____ First Name: _____ Middle: _____

Birthdate: ____/____/____ Occupation: _____ Race: _____

Date of Baptism: ____/____/____ Church: _____ City _____ State _____

Date of First Eucharist: ____/____/____ Church: _____ City _____ State _____

Date of Confirmation: ____/____/____ Church: _____ City _____ State _____

CHILD IN RESIDENCE

Last Name: _____ First Name: _____ Middle: _____

Relationship to Head of Household: _____ Birthdate: ____/____/____

Sex: _____ Current Grade: _____ School Attending: _____ Race: _____

Date of Baptism: ____/____/____ Church: _____ City _____ State _____

Date of First Eucharist: ____/____/____ Church: _____ City _____ State _____

Date of Confirmation: ____/____/____ Church: _____ City _____ State _____

CHILD IN RESIDENCE

Last Name: _____ First Name: _____ Middle: _____

Relationship to Head of Household: _____ Birthdate: ____/____/____

Sex: _____ Current Grade: _____ School Attending: _____ Race: _____

Date of Baptism: ____/____/____ Church: _____ City _____ State _____

Date of First Eucharist: ____/____/____ Church: _____ City _____ State _____

Date of Confirmation: ____/____/____ Church: _____ City _____ State _____

CHILD IN RESIDENCE

Last Name: _____ First Name: _____ Middle: _____

Relationship to Head of Household: _____ Birthdate: ____/____/____

Sex: _____ Current Grade: _____ School Attending: _____ Race: _____

Date of Baptism: ____/____/____ Church: _____ City _____ State _____

Date of First Eucharist: ____/____/____ Church: _____ City _____ State _____

Date of Confirmation: ____/____/____ Church: _____ City _____ State _____