



ST. JOSEPH'S PARISH CONFIDENTIAL CENSUS

MATAMORAS, PA 18336



FAMILY NAME _____ PHONE NUMBER _____ UNLISTED? _____

MAILING ADDRESS _____

Street		City, State, Zip					
FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	FIRST COMMUNION? YES or NO	CONFIRMED? YES or NO	HIGHEST GRADE COMPLETED	MASS ATTENDANCE YES or NO	WHAT 2 MASS TIMES WOULD YOU LIKE ON SUNDAYS?
HUSBAND or SINGLE MALE							
WIFE or SINGLE FEMALE							
OTHER ADULTS in HOUSEHOLD							

Wife's Maiden Name _____ Were you married by a priest? Yes ___ No ___ Date of Marriage _____

Occupation: Husband or Single Male _____ Wife or Single Female _____

List below all children living at above address * EMAIL ADDRESS : _____

LAST NAME (if different from family name)	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	FIRST COMMUNION? YES or NO	CONFIRMED? YES or NO	GRADE	MASS ATTENDANCE YES or NO

Is a member of your household: Mentally Handicapped? ___ Physically Handicapped? ___ Blind? ___ Deaf? ___ Shut-in? ___
 Would you like to talk to your Pastor concerning Spiritual/Family/or Personal needs? YES ___ NO ___

1. Which programs do you feel you would benefit from and which would you be most likely to attend?

- | | |
|--|---|
| <input type="checkbox"/> Bible Study Program | <input type="checkbox"/> Young Married Couple Group |
| <input type="checkbox"/> Altar and Rosary Society | <input type="checkbox"/> Boy Scouts |
| <input type="checkbox"/> Holy Name Society | <input type="checkbox"/> Girl Scouts |
| <input type="checkbox"/> Choir Adult | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Group to meet need of Widows/Widowers | <input type="checkbox"/> Religious Education for Adults |
| <input type="checkbox"/> Rosary Devotion | <input type="checkbox"/> Religious Education for Children |
| <input type="checkbox"/> Bible Vigil | <input type="checkbox"/> Certification to teach Religion |
| <input type="checkbox"/> Adoration of Blessed Sacrament | <input type="checkbox"/> Days of Recollection & Prayer |
| <input type="checkbox"/> Away Retreats | <input type="checkbox"/> Others? _____ |

2. Would you or any member of your family consider being of service to the people of our Parish Family by helping out or joining any of the following? (Please place name(s) in blank after activity.) If you are currently involved, please indicate this also. Thank you.

	ACTIVITY	NAME	NAME
<input type="checkbox"/>	A. Lector		
<input type="checkbox"/>	B. Leader of Song		
<input type="checkbox"/>	C. Organist		
<input type="checkbox"/>	D. Altar Server		
<input type="checkbox"/>	E. Choir Members		
<input type="checkbox"/>	F. Usher at Mass		
<input type="checkbox"/>	G. Youth Program		
<input type="checkbox"/>	H. Baby-sitting at Mass		
<input type="checkbox"/>	I. C.C.D Teacher		
<input type="checkbox"/>	J. C.C.D. Substitute		
<input type="checkbox"/>	K. Assist Shut-ins by:		
	1. visiting		
	2. doing light housework		
<input type="checkbox"/>	L. Parish Welcoming Committee		
<input type="checkbox"/>	M. Other		