



# 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 \_\_\_\_\_