

Parish of St. Benedict
2020 Chestnut Hill Road
Mohnton, PA 19540-8243
(610) 856-1006

PARISH CENSUS/REGISTRATION FORM
PLEASE PRINT OR TYPE ALL INFORMATION BELOW

1. FAMILY

DATE: _____

(Last name) (Street Address) (Town) (Phone Number/Land-Cell)
ZIP Code _____

2. HUSBAND/SINGLE MALE

(First name) (Middle name) (Date of birth MM/DD/YYYY) **STATUS:** Single _____
Married _____
Widowed _____
Separated _____
Divorced _____
Retired: Yes _____ No _____
Unemployed: Yes _____ No _____

(Place of employment) (Occupation/position) (Work Phone Number)
Cell Phone _____ optional
Email _____ optional

RELIGIOUS AFFILIATION:

BAPTISM: Yes _____ No _____ Jewish _____ No Religion _____ Other _____ Specify _____

In what religion were you baptized? Roman Catholic _____ Protestant _____ Other _____

If Protestant, specify your denomination: e.g. Lutheran, UCC _____

What religion do you practice at the present time? _____

Are you a convert to the Catholic Faith? Yes _____ No _____ Year converted _____

HOLY COMMUNION (EUCHARIST): Yes _____ No _____

In what religion did you receive your First Communion? Roman Catholic _____
Protestant _____
Other _____

CONFIRMATION: Yes _____ No _____

In what religion were you confirmed? Roman Catholic _____
Protestant _____
Other _____

3. WIFE/SINGLE FEMALE

(First Name) (Middle Name) (Date of Birth MM/DD/YYYY) STATUS:
Single _____
Married _____
Retired: Yes ___ No ___ _____
(Maiden Name) Widowed _____
Unemployed: Yes ___ No ___ _____ Separated _____
Divorced _____

(Place of Employment) (Occupation/Position) (Work Phone Number)

Cell Phone _____ optional

Email _____ optional

RELIGIOUS AFFILIATION:

BAPTISM: Yes ___ No ___ Jewish ___ No Religion ___ Other ___ Specify _____
In what religion were you baptized? Roman Catholic ___ Protestant ___ Other ___
If Protestant, specify your denomination: e.g. Lutheran, UCC _____
What religion do you practice at the present time? _____
Are you a convert to the Catholic Faith? Yes ___ No ___ Year Converted _____

HOLY COMMUNION (EUCHARIST): Yes ___ No ___
In what religion did you receive your First Communion? Roman Catholic _____
Protestant _____
Other _____

CONFIRMATION: Yes ___ No ___
In what religion were you confirmed? Roman Catholic _____
Protestant _____
Other _____

4. MARRIAGE INFORMATION

PRESENT MARRIAGE

- A. Where were you married? _____
(Name of Church) (City/Town) (Date)
- B. What was the religious affiliation of this Church? Catholic ___ Other ___
- C. Name of person who performed this marriage _____
If a Civil Ceremony: _____
(Name of Justice of the Peace) (Date)
- D. If your present marriage took place outside the Catholic Church, have you considered having your marriage convalidated (blessed as a sacrament) in the Catholic Church? Yes ___ No ___
- E. Would you like more information about this matter or would you like to discuss your situation with Father?
Yes ___ No ___

5. CHILDREN LIVING AT HOME: (List oldest to youngest)

1st Child

First Name Middle Name Date of Birth (MM/DD/YYYY)

Sacraments Received:

Baptism _____ Church _____ In what religion? _____ Date: _____

Eucharist _____ Church _____ In what religion? _____ Date: _____

Confirmation _____ Church _____ In what religion? _____ Date: _____

EDUCATION/CAREER/EMPLOYMENT

Name of school/college presently attending: _____

Present grade _____ Year of graduation _____ Living at home Yes _____ No _____

Presently in service of our country? Yes _____ No _____ Branch _____

If Employed _____
(Name of employer) (City/State) (Work phone number)

2nd CHILD

First Name Middle Name Date of Birth (MM/DD/YYYY)

Sacraments Received:

Baptism _____ Church _____ In what religion? _____ Date: _____

Eucharist _____ Church _____ In what religion? _____ Date: _____

Confirmation _____ Church _____ In what religion? _____ Date: _____

EDUCATION/CAREER/EMPLOYMENT

Name of school/college presently attending: _____

Present grade _____ Year of graduation _____ Living at home Yes _____ No _____

Presently in service of our country? Yes _____ No _____ Branch _____

If Employed _____
(Name of employer) (City/State) (Work phone number)

3RD CHILD

First Name	Middle Name	Date of Birth (MM/DD/YYYY)
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Sacraments Received:

Baptism _____	Church _____	In what religion? _____	Date: _____
Eucharist _____	Church _____	In what religion? _____	Date: _____
Confirmation _____	Church _____	In what religion? _____	Date: _____

EDUCATION/CAREER/EMPLOYMENT

Name of school/college presently attending: _____

Present grade _____ Year of graduation _____ Living at home Yes _____ No _____

Presently in service of our country? Yes _____ No _____ Branch _____

If Employed _____
(Name of employer) (City/State) (Work phone number)

4TH CHILD

First Name	Middle Name	Date of Birth (MM/DD/YYYY)
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Sacraments Received:

Baptism _____	Church _____	In what religion? _____	Date: _____
Eucharist _____	Church _____	In what religion? _____	Date: _____
Confirmation _____	Church _____	In what religion? _____	Date: _____

Practicing his/her religion? Yes _____ No _____

EDUCATION/CAREER/EMPLOYMENT

Name of school/college presently attending: _____

Present grade _____ Year of graduation _____ Living at home Yes _____ No _____

Presently in service of our country? Yes _____ No _____ Branch _____

If Employed _____
(Name of employer) (City/State) (Work phone number)

5. FORMER PARISH EXPERIENCE:

(Name of former parish)

(City, State)

- A. Were you involved in any parish activities in your former parish? Yes _____ No _____
If yes, please list all activities here:

- B. Do you have any special skills/areas of professional competency/hobbies which you would like to share with the parish? Please list them:

LISTING OF ADDITIONAL INFORMATION: (USE SPACE BELOW)