

605 Luzerne Avenue  
West Pittston, PA 18643  
(570) 654-2753

**Please See Instructions on back of sheet and print all information**

Family Name:				Home Phone:		Unlisted? (Y/N)			Envelope No.:	
Street Address:				Apt No.:	City:			State:	Zip:	
Members in Household Full Name (include Maiden Name)	Relationship	Religion	Birth Date MM/DD/YYYY	Baptized Y/N	Baptized At Church/City	First Communion Y/N	Confirmed Y/N	Marital Status Code	Marriage Date MM/DD/YYYY	Cell Phone
1.	Head of Household									
2.	Spouse									
3.										
4.										
5.										
6.										

**Additional Information (that may help us serve you better)**

Email	Occupation	Business Phone	Highest Level of School/ College Attended/Military Service	Special Needs (including if Shut-In)	Skills & Hobbies	Parish Ministry/Society Involvement
1.						
2.						
3.						
4.						
5.						
6.						

**Please use additional sheets if necessary**

**Header Information**

- Family Name – fill in the family surname or last name
- Home Phone – fill in the home telephone or main contact number
- Unlisted – indicate if the telephone number is unlisted
- Envelope Number – if known, please indicate the envelope number
- Street Address – fill in the street name and number
- Apt No. – fill in the apartment number if applicable
- City – fill in the name of the city
- State – fill in the state name
- Zip – fill in the zip code

**Member Information First Section ( please fill out the line item information for each family member)**

- Member Full Name – fill in the first, middle initial, and last name (also indicate the maiden name if applicable)
- Relationship in Family – fill in the relationship to the Head of Household; e.g. Head of Household, Spouse, Son, Daughter, Mother, Father
- Religion – fill in the religion for this member; Catholic, Baptist, Methodist, etc.
- Birth Date – fill in the date of birth of this individual in the MM/DD/YYYY format
- Baptized – please indicate Y/N
- Baptized At Church/City – fill in the Church Baptized and City
- First Communion – please indicate Y/N
- Confirmation – please indicate Y/N
- Marital Status Code – MC (married Catholic Church), MO (married other Church), MV (married civil only), S (single), W (widowed), D (divorced)
- Marriage Date – if married, please fill in the date in the MM/DD/YYYY format
- Cell Phone Number – please fill in the cell phone number if possible

**Member Information Second Section (for each member in section 1 lines 1 to 6 please fill in the corresponding information)**

- Email Address - please fill in the email address if possible
- Occupation – if applicable please fill in the occupation or retired
- Business Phone - please fill in the business phone number if possible
- Highest Level of School/College Attended/Military Service – indicate the highest grade completed, 6<sup>th</sup>, 12<sup>th</sup>, College, Masters, and/or military service
- Special Needs – indicate any special needs for this individual, e.g., Shut-In, etc.
- Skills & Hobbies – indicate and information you fill applicable
- Parish Ministry/Society Involvement – indicate all ministries and societies that this member is part of, e.g., Lector, EM, Altar Server, Usher, Cantor, Choir, Children’s Choir, Youth Group, Social Concerns, Stephen Ministry, Liturgy, Arts & Environment, Altar & Rosary, and/or Holy Name