

(PLEASE TYPE OR PRINT)

**ST. BARTHOLOMEW PARISH  
CONFIDENTIAL CENSUS FORM**

DATE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ UNLISTED (Y/N) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

INDIVIDUAL DATA	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	CHILD	CHILD	CHILD/OTHER
1 FIRST NAME							
2 MIDDLE NAME							
3 LAST NAME (IF DIFFERENT)		MAIDEN NAME					
4 DATE OF BIRTH							
5 TITLE (Mr./Mrs./Ms./Dr./Etc.)							
6 OCCUPATION							
7 WORK PHONE NO.							
8 LAST SCHOOL ATTENDED							
9 HIGHEST GRADE-DEGREE							
10 RELIGION							
11 BAPTISM Y/N							
12 CONFIRMATION Y/N							
13 FIRST COMMUNION Y/N							
14 REG. CHURCH ATTENDANCE Y/N							

**MARRIAGE STATUS**

- DATE \_\_\_\_\_
- PLACE \_\_\_\_\_
- CHURCH MARRIAGE: \_\_\_\_\_  
 BOTH CATHOLIC \_\_\_\_\_  
 MIXED MARRIAGE \_\_\_\_\_  
 NON-CHURCH MARRIAGE \_\_\_\_\_
- SINGLE \_\_\_\_\_
- WIDOWED \_\_\_\_\_
- SEPARATED \_\_\_\_\_
- DIVORCED \_\_\_\_\_

**CHURCH SUPPORT**

- Do you receive envelopes? (Y/N) \_\_\_\_\_  
 If answer is no - would you like to receive envelopes? (Y/N) \_\_\_\_\_
- Do you support the church financially? (Y/N) \_\_\_\_\_

**DIRECTIONS TO YOUR HOME:**

- MINISTRIES:** Please check areas of interest.
- |                  |                            |                        |                    |
|------------------|----------------------------|------------------------|--------------------|
| Lector _____     | Eucharistic Minister _____ | Pastoral Council _____ | R.C.I.A. _____     |
| Ushers _____     | Finance Council _____      | Adult Education _____  | Bingo _____        |
| Choir _____      | Religious Education _____  | Evangelization _____   | Altar Server _____ |
| Fellowship _____ | Rosary Altar Society _____ | Summer Festival _____  |                    |

*St. Bartholomew Church  
Crabtree, Pennsylvania*

A census is a most traditional and necessary occurrence in the journey of a lifetime for a parish. It lets us know what changes have occurred in your family over the years, what your interests are, and how you wish to be related to by your parish. Please return this form completed in full by mail or in the basket on Sunday. A non-return will initiate a process whereby we will try to contact you by other means, if possible. God bless you and thank you.

*Fr. Justin* , O.S.B.  
Pastor

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Stamp

St. Bartholomew Church  
PO Box A  
Crabtree, PA 15624-3000

St. Bartholomew Church  
P.O. Box A  
Crabtree, Pa. 15624

OFFICIAL  
CENSUS  
FORM

CONFIDENTIAL

