



Saint Basil Parish Census Registration - November 2009

Thank you for registering with Saint Basil Parish. This information will help us update our records and better serve our parish families. Your information will be held in the strictest of confidence for pastoral use only. Please return this form to the parish office by mail or drop it in the collection basket as soon as possible. If you need additional help, please contact our parish office at 412-882-9763.

Family Information (Please Print Legibly or Type)

Family Name:			
Address:	City:	State:	Zip Code:
Home Phone Number:			
Children in Catholic School? Their names are:			
Children in Public School? Their names are:		How many are in CCD?	
If Married: Marriage Date: _____ Catholic Marriage: Yes _____ No _____	Are you currently receiving the Pittsburgh Catholic Newspaper? Yes _____ No _____	If not, would you like to receive the Pittsburgh Catholic weekly? Yes _____ No _____	

Family Member Information (include yourself and each family member living with you at this time.)

Member (1) - Head of Household

Last Name: _____	First Name _____	Middle Name _____	Title _____ (Mr., Mrs., Ms., etc.)
Gender: Male _____ Female _____	Birthdate: _____ / _____ / _____		
Education Level Completed:			
Religion: _____	Homebound? _____	Receiving Communion? _____	Request Home Visit? _____
Marital Status: Single _____ Married _____ Divorced _____	Widow/er: _____		
Occupation/Employer:			
If a student, name of school: _____			

Sacramental Data

Baptism Year: _____	Place: _____
1st Communion Year: _____	Place: _____
Confirmation Year: _____	Place: _____
Marriage Date: _____	Place: _____

Member (2)

Last Name: _____	First Name _____	Middle Name _____	Title _____ (Mr., Mrs., Ms., etc.)
Gender: Male _____ Female _____	Birthdate: _____ / _____ / _____		
Relationship to Head of Household: <i>Example: spouse, son, daughter, grandchild, etc.</i> _____			
Education Level Completed:			
Religion: _____	Homebound? _____	Receiving Communion? _____	Request Home Visit? _____
Marital Status: Single _____ Married _____ Divorced _____	Widow/er: _____		
Occupation/Employer:			
If a student, name of school: _____			

Sacramental Data

Baptism Year: _____	Place: _____
1st Communion Year: _____	Place: _____
Confirmation Year: _____	Place: _____
Marriage Date: _____	Place: _____

Member (3)

Last Name: _____ First Name _____ Middle Name _____ Title _____ (Mr., Mrs., Ms., etc.)

Gender: Male _____ Female _____ Birthdate: _____ / _____ / _____

Relationship to Head of Household; Example: spouse, son, daughter, grandchild, etc. _____

Education Level Completed: _____

Religion: _____ Homebound? _____ Receiving Communion? _____ Request Home Visit? _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widow/er: _____

Occupation/Employer: _____

If a student, name of school: _____

Sacramental Data

Baptism Year: _____ Place: _____

1st Communion Year: _____ Place: _____

Confirmation Year: _____ Place: _____

Marriage Date: _____ Place: _____

Member (4)

Last Name: _____ First Name _____ Middle Name _____ Title _____ (Mr., Mrs., Ms., etc.)

Gender: Male _____ Female _____ Birthdate: _____ / _____ / _____

Relationship to Head of Household; Example: spouse, son, daughter, grandchild, etc. _____

Education Level Completed: _____

Religion: _____ Homebound? _____ Receiving Communion? _____ Request Home Visit? _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widow/er: _____

Occupation/Employer: _____

If a student, name of school: _____

Sacramental Data

Baptism Year: _____ Place: _____

1st Communion Year: _____ Place: _____

Confirmation Year: _____ Place: _____

Marriage Date: _____ Place: _____

Member (5)

Last Name: _____ First Name _____ Middle Name _____ Title _____ (Mr., Mrs., Ms., etc.)

Gender: Male _____ Female _____ Birthdate: _____ / _____ / _____

Relationship to Head of Household; Example: spouse, son, daughter, grandchild, etc. _____

Education Level Completed: _____

Religion: _____ Homebound? _____ Receiving Communion? _____ Request Home Visit? _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widow/er: _____

Occupation/Employer: _____

If a student, name of school: _____

Sacramental Data

Baptism Year: _____ Place: _____

1st Communion Year: _____ Place: _____

Confirmation Year: _____ Place: _____

Marriage Date: _____ Place: _____

09/24/09

Additional information for the pastor: