



# Sacred Heart Parish

Havertown, PA

## CENSUS FORM

Please Print

<b>Section 1: FAMILY/HOUSEHOLD Information</b>				
<b>FAMILY NAME:</b>		<b>Salutation:</b> Mr. & Mrs./Mr./Mrs./Ms./Miss/Dr		
<b>HEAD of Household:</b>				
<b>Spouse:</b>		First	Middle	Last
		First	Middle	Last
<b>Street Address:</b>				
<b>City:</b>		<b>State:</b> PA		<b>Zip:</b>
<b>Telephone #:</b> _____ (home) <b>E-Mail Address:</b> _____ _____ (cell)				
<b>Marital Status:</b> ___ Married ___ Single ___ Widowed ___ Separated ___ Divorced Married by a Catholic Priest: <b>Y   N</b>				

<b>Section 2: Heads of Household Member Information</b>	
<b>Head of Household:</b>	<b>Spouse:</b>
Date of Birth:	Date of Birth:
Religion:	Religion:
<b>Sacraments Received:</b> Please mark Y of N Baptism _____                  Confirmation _____ Holy Eucharist _____          Penance _____	<b>Sacraments Received:</b> Please mark Y of N Baptism _____                  Confirmation _____ Holy Eucharist _____          Penance _____
Occupation:	Occupation:

Please continue ➡

\*Please list **ONLY** those individuals currently residing in your household\*

<b>Section 3: Children under age 18 - Living in Household</b>								
Name	Date of Birth	M/ F	Religion C - Cath NC -non	Please mark Y or N			School	
				Baptism	Comm.	Confirm.	Grade	Cath / Public Private Home School
1.								
2.								
3.								
4.								
5.								
6.								
7.								

\*\*Please be sure to include last name

<b>Section 4: Single Children (over age 18) Living in Household*</b> (This includes those away at College)								
Name	Date of Birth	M/ F	Religion C - Cath NC -non	Please mark Y or N			College/ Occupation	
				Baptism	Comm.	Confirm.		

<b>Section 5: Other Adults Living in Household</b> (Please do not include those registered separately)								
Name	Date of Birth	M/ F	Religion C - Cath NC -non	Please mark Y or N			Marital Status	Occupation
				Baptism	Comm.	Confirm.		
Relationship:								
Relationship:								

Do any members of your household have a **Disability**? Y N

If yes, please state Name of Member and disability: \_\_\_\_\_

Do you wish to request a member of your household to receive **Communion Calls**?

If yes, please state Name of Member: \_\_\_\_\_

**\*Please return to Parish Center via mail, collection basket or drop off when complete! THANK YOU!**