

OUR LADY OF MOUNT CARMEL PARISH
15 FALLBROOK STREET, CARBONDALE, PA 18407
PARISH REGISTRATION

TITLE: Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. LAST NAME: _____ FIRST: _____ SPOUSE: _____
 (Circle one)

STREET ADDRESS: _____ CITY/ STATE: _____ ZIP: _____ TELEPHONE: _____

OCCUPATION : _____ OCCUPATION OF SPOUSE: _____

Office Use: Envelope # _____

MEMBER INFORMATION (Please list only children under 21. Those over 21 should complete their own census form.)

	NAME	M/F	DATE OF BIRTH	MARITAL STATUS	RELIGION	CHURCH OF BAPTISM	CHURCH OF FIRST COMMUNION	CHURCH OF CONFIRMATION	CHURCH OF MARRIAGE
Self									
Spouse									
Child									
Child									
Child									
Child									
Child									
Child									

MINISTRY/ VOLUNTEER AREAS (Please check any of interest to you and your family.)

Name: _____

_____ Eucharistic Minister _____

_____ Lector _____

_____ Altar Server _____

_____ Usher _____

Name: _____

_____ Music Ministry _____

_____ C.C.D. Teacher/ Aide _____

_____ Social Action Service Committee _____