



Our Lady of the Alleghenies Church
 608 Main St.
 Lilly, Pa. 15938

Envelope Number _____

Today's Date _____

PLEASE PRINT LEGIBLY!

1. FAMILY LAST NAME _____
2. ADDRESS _____ CITY _____ ZIP _____
3. HOME PHONE _____ LISTED? Yes _____ No _____

HUSBAND (OR MALE HEAD OF HOUSEHOLD) (If deceased, check here: ___)

1. FIRST/MID. NAMES _____ Birthdate (Mo/Day/Yr) _____
2. RELIGION _____
3. BAPTIZED (Y/N) _____ CHURCH/CITY/STATE _____
4. CONFIRMED (Y/N) _____ CHURCH/CITY/STATE _____
5. MARITAL STATUS (*Circle one*) Never-Married Married Widowed Separated Divorced
6. OCCUPATION _____

WIFE (OR FEMALE HEAD OF HOUSEHOLD) (If deceased, check here: ___)

1. FIRST/MID. NAMES _____ Birthdate (Mo/Day/Yr) _____
2. RELIGION _____ MAIDEN NAME _____
3. BAPTIZED (Y/N) _____ CHURCH/CITY/STATE _____
4. CONFIRMED (Y/N) _____ CHURCH/CITY/STATE _____
5. MARITAL STATUS (*Circle one*) Never-Married Married Widowed Separated Divorced
6. OCCUPATION _____

IF MARRIED IN THE CATHOLIC CHURCH -

Church _____ City/State _____ Mo/Day/Yr _____

IF MARRIED, BUT NOT IN A CATHOLIC CEREMONY -

(Church/denomination? or courthouse?) _____ City/State _____ Mo/Day/Yr _____

Was the marriage ever "blessed" by the Catholic Church? (Y/N) _____

If yes,

Church _____ City/State _____ Mo/Day/Yr _____

**UNDER-AGE CHILDREN LIVING AT HOME
 (INCLUDE COLLEGE STUDENTS WHO MAY PRESENTLY BE AT SCHOOL)
 (ADULT OFFSPRING LIVING AT HOME MUST FILL OUT THEIR OWN CENSUS CARD.)**

Name-----	Place/ Date of Birth-----	Baptized? Church/Place	Confirmed?	Present School----- Grade?
		Y/N?	Y/N?	
		Y/N?	Y/N?	
		Y/N?	Y/N?	
		Y/N?	Y/N?	
		Y/N?	Y/N?	
		Y/N?	Y/N?	
		Y/N?	Y/N?	
		Y/N?	Y/N?	

DO YOU HAVE A FAMILY MEMBER LIVING IN THIS PARISH WHO IS INFIRM AND HOMEBOUND? IF YES ...

Name _____ Physical Condition _____

Is this person able to receive Holy Communion? (Y/N) _____

DO YOU HAVE A CEMETERY PLOT IN OUR PARISH CEMETERY?

YES [] NO [] St. Brigid Cemetery - Under what name? _____

YES [] NO [] Our Lady of Mount Carmel - Under what name? _____

of Spaces? _____ IF NOT, ARE YOU INTERESTED IN SUCH INFORMATION? YES [] NO []

AS A CHRISTIAN STEWARD OF GOD'S BLESSINGS TO YOU, BASED ON PREVIOUS EXPERIENCE, OR NOW WISHING TO BECOME INVOLVED IN PARISH LIFE

I am interested in knowing more about involvement in Parish Ministry, or in Volunteering for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Mass Server | <input type="checkbox"/> CCD Office (once every 6 weeks) | <input type="checkbox"/> Church Grounds Committee |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Catechist | <input type="checkbox"/> St. Vincent de Paul Society |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Youth Apostolate | <input type="checkbox"/> Marriage Preparation Team |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Evangelization Committee | <input type="checkbox"/> Life and Family Apostolate |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Liturgy Committee | <input type="checkbox"/> Church Dinners etc.. |
| <input type="checkbox"/> Cantor | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Other _____ |

NOTES