

# ST. CALLISTUS CHURCH

342 Chase St. Kane, Pa 16735

814/837-6694

Date \_\_\_\_\_

Envelope # \_\_\_\_\_

Family Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

MALE ADULT

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Religion \_\_\_\_\_ Birthday \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Sacraments Received	<input type="checkbox"/> Baptism	<input type="checkbox"/> Penance	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation		
Mass Attendance	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never		
Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other

\*Church of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Involvement in the Church \_\_\_\_\_

FEMALE ADULT

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Religion \_\_\_\_\_ Birthday \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Sacraments Received	<input type="checkbox"/> Baptism	<input type="checkbox"/> Penance	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation		
Mass Attendance	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never		
Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other

\*Church of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Involvement in the Church \_\_\_\_\_

\*If marriage was celebrated in a non-Catholic Church, was dispensation obtained from a Catholic Bishop?  Yes  No

**CHILDREN LIVING AT HOME**  
**(LIST FULL NAME IF DIFFERENT FROM FAMILY NAME)**

Name	G E N D E R	Birthdate	Religion	B A P T I S M  Y/N	P E N A N C E  Y/N	E U C H A R I S T  Y/N	C O M F I R M A T I O N  Y/N	A T T E N D R E L E D  Y/N	G R A D E
<b>OTHER ADULTS(Relationship)</b>								<b>SPIRITUAL NEEDS</b>	

If your Mass attendance is occasional, seldom, or never, please comment including any suggestions you may care to offer. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks: (Please include Special Needs/Disabilities, or any concern; indicate if you would like the priest to call)

\_\_\_\_\_