Name

St. John the Evangelist Parish 414 Chwich St. Honesdale, PA 18431 (570) 253-4561 Phone:

 $\mathcal{F}ax$:

☐ Mr. ☐ Mrs.

(0.0)	
(570)	253-1058

Family Census Form	Today's Date
	Family ID #
	Envelope #
Email Address:	
Home Phone () DListed DUnlisted	d Work#()
Total # of Family in Parish	Cell # ()

		Miss			Total # of Family in Parish
0	_	0.5	Last	First	
Spouse	Ш	Mr.			para
		Mrs.			Marital Status: (Check those app
		Miss			
			Last	Maiden	☐ Catholic Church Approved Marr
Mailing A	ddres	: e			☐ Single
mannig 7	au o	,~			☐ Widowed
					☐ Separated
If PO Box, Give exac Of your ho	t loca	tion			☐ Divorced

cable)	Church Attendance:	
ge	☐ Regular ☐ Frequent ☐ Occasional ☐ Seldom ☐ None	□ Honesdale □ Rileyville □ Beach Lake
	Do you lack transporta	tion? ☐ Yes ☐ No

Todovilo Doto

ITEM	MEMBER INFORMATION	HEAD OF HOUSE	SPOUSE	OTHER ADULT OR CHILD	CHILD	CHILD	CHILD	CHILD	CHILD	CHILD
1	First name									
2	Last Name									
3	Birth Date									
4	Sex (M) or (F)									
5	Baptized (Y or N) When: Where:									
6	First Communion (Y or N) When: Where:									
7	Confirmation (Y or N) When: Where:							1.		
8	Marital Status: When: Where:									
9	Religion			To a second						
10	School Attending/Attended									
11	Present Grade, High School Or Degree Received									
12	Occupation/Retired									,
13	Disabilities, if any									

INSTRUCTIONS

Please PRINT all information

Phone No.: If your phone number is unlisted, please indicate. It will not be published. It is for parish records only.

Location of Home: Please give the exact location of your home to aid us in Communion or Emergency calls.

Church Attendance: Please indicate the location of your church you attend. Also, check the appropriate box for your family if it is different.

ITEMS 5,6,7: Please answer "YES" or "NO" to indicate whether or not you have received this Sacrament.

ITEM 8: Please list the marital status taken from the Marital Status list for each member of your family.

ITEM 9: Please indicate the religion for each member of your family. (For example: Roman Catholic, Eastern Rite, Protestant (specify denomination), Jewish, etc.).

ITEM 10: Please list the same of the school each member of attending/has attended.

ITEM 12: Please indicate occupation & place of employment.

ITEM 13: Please list any disabilities as it may reflect to a family member

PLEASE PLACE A "P" IN MINISTRIES YOU PARTICIPATE IN OR AN "I" IN THOSE YOU ARE INTERESTED IN.

tem	Member Information	Head of House	Spouse	Other Adult or Child	Child	Child	Child	Child	Child	Child
	Altar Server									
	Extraordinary Minister									
	Lector									
	Choir/Organist							-		· · · · · · · · · · · · · · · · · · ·
	Usher		,							
	Faith Formation Teacher									
	Rosary Ministry									***
	Prayer Group		· · · · · · · · · · · · · · · · · · ·							Webb.
	Eucharistic Adoration		· · · · · · · · · · · · · · · · · · ·							
	Pro-Life Committee					WI .				
	Ministry to the Bereaved									
	Hospitality									
	Parish Council						9.48.			
	Finance Council		- AVENUA A							
	Social Concerns Committee									
	Visiting Homebound		· · · · · · · · · · · · · · · · · · ·							
	Youth Group		/ <u>/ </u>							
	Other									
	List any special talents								\$	

Item 14: Please mark the ministries you are involved or interested in, or any special talents you may have.
Remarks: Please use this space for any comments
If you need assistance with this form, please call the Parish Office at 570-253-4561.
Thank you for your time in completing this Census Form.

We would like to speak to a priest regarding:	Remarks:
☐ Member of my family or a friend wishes to become Catholic.	
☐ Member of my family wants to reconcile marriage with the church.	
☐ Member of my family wishes to return to the Sacraments of the Church.	
□ Other	