



SAINT ANDREW CATHOLIC CHURCH

1621 Ferndale Ave
Johnstown, PA 15905
814-288-4324

CENSUS /REGISTRATION FORM

YOUR NAME : _____
(MAIDEN): _____
ADDRESS: _____
PHONE NUMBER: (HOME) _____
(CELL) _____

EMAIL: _____

BIRTHDATE: _____ CITY/STATE _____
CHURCH OF BAPTISM: _____ CITY/STATE _____
FIRST COMMUNION RECEIVED: _____ (YES) _____ (NO) CHURCH _____
CONFIRMATION MADE: _____ (YES) _____ (NO) CHURCH _____
MARITAL STATUS: _____ (SINGLE) _____ (MARRIED) _____ (WIDOW(ER)) _____ (DIVORCED)

*** (If Marital Status is widow (er), you do not need to complete Marriage Information)

MARRIAGE: DATE _____
CHURCH MARRIED IN _____
CITY/ STATE _____

SPOUSE NAME _____ (MAIDEN) _____
BIRTHDATE: _____ CITY/STATE _____
RELIGION OF SPOUSE: _____

CHURCH OF BAPTISM: _____ CITY/STATE _____
FIRST COMMUNION RECEIVED: _____ (YES) _____ (NO) - CHURCH _____
CONFIRMATION MADE: _____ (YES) _____ (NO) - CHURCH _____
(CELL) _____

EMAIL: _____

CHILDREN- LIVING AT HOME OR AWAY AT COLLEGE ONLY

NAME: _____
BIRTHDATE: _____ CITY/STATE _____
CHURCH OF BAPTISM: _____ CITY/STATE _____
FIRST COMMUNION RECEIVED: _____ (YES) _____ (NO)- CHURCH _____
CONFIRMATION MADE: _____ (YES) _____ (NO)- CHURCH _____

NAME: _____
BIRTHDATE: _____ CITY/STATE _____
CHURCH OF BAPTISM: _____ CITY/STATE _____
FIRST COMMUNION RECEIVED: _____ (YES) _____ (NO)- CHURCH _____
CONFIRMATION MADE: _____ (YES) _____ (NO)- CHURCH _____

IF YOU ARE CURRENTLY REGISTERED AT ANOTHER PARISH, PLEASE GIVE THEM THE COURTESY TO KNOW YOU ARE LEAVING.

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CHILDREN- LIVING AT HOME OR AWAY AT COLLEGE ONLY

NAME: _____
BIRTHDATE: _____ CITY/STATE _____
CHURCH OF BAPTISM: _____ CITY/STATE _____
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CHURCH OF BAPTISM: _____ CITY/STATE _____
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