

St. Joseph Church
251 East Main Street
Dallastown, PA 17313
717-246-3007

Date _____

Last Name _____ Jr., Sr., III, etc.

Head of Household _____

Spouse _____

Wife's maiden name _____
(CIRCLE ONE—MR, MRS, MR & MRS, DR & MRS, DR, OTHER) _____

Mailing Address _____ City _____ St _____ Zip _____

Phone (____) _____ Unlisted Y/N

Family Status: Married Priest__ Married Civil/Other __ Single __ Separated__ Widow(er)__ Other __

Date of Marriage _____
Religion: Catholic__ Other _____ Disability _____ Language _____

Occupation _____ Retired _____ Previous Occupation _____

Business Phone(____) _____ Ext _____ Date of Birth ____/____/____ Highest Grade _____
Use date or Y (Yes) if date unknown

Baptism ____/____/____ 1st Communion ____/____/____ Confirmation ____/____/____

Church of Baptism _____

Household Members

Name _____ Mr, Mrs, Dr, Other

Member Type: Head__ Head 2__ Adult__ Young Adult__ Child__

Priest married__ Married other _____ Single__ Single Parent__ Other _____

Religion: Catholic__ Other _____ Disability _____ Language _____

Occupation _____ Retired _____ Previous Occupation _____

Business Phone (____) _____ Ext _____ Birth of Date ____/____/____ Highest Grade _____
Use Date of or Y (Yes) if date unknown

Baptism ____/____/____ 1st Communion ____/____/____ Confirmation ____/____/____

Church of Baptism _____

OTHER SIDE FOR OTHER MEMBERS

Household Member: Child(ren)/Other

Name _____ Mr, Mrs, Ms, Other _____

Adult _____ Young Adult _____ Child _____ Other _____ Highest Grade _____

Religion: Catholic _____ Other _____ Disability _____ Language _____

Occupation _____ Retired _____ Previous Occupation _____

Business Phone(____) _____ Ext _____ Date of Birth ____/____/____ Male/Female _____

Use Date of or Y (YES)

Baptism ____/____/____ 1st Communion ____/____/____ Confirmation ____/____/____

Church of Baptism _____

Household Member: Child(ren)/Other

Name _____ Mr, Mrs, Ms, Other _____

Adult _____ Young Adult _____ Child _____ Other _____ Highest Grade _____

Religion: Catholic _____ Other _____ Disability _____ Language _____

Occupation _____ Retired _____ Previous Occupation _____

Business Phone(____) _____ Ext _____ Date of Birth ____/____/____ Male/Female _____

Use Date of or Y (YES)

Baptism ____/____/____ 1st Communion ____/____/____ Confirmation ____/____/____

Church of Baptism _____

Household Member: Child(ren)/Other

Name _____ Mr, Mrs, Ms, Other _____

Adult _____ Young Adult _____ Child _____ Other _____ Highest Grade _____

Religion: Catholic _____ Other _____ Disability _____ Language _____

Occupation _____ Retired _____ Previous Occupation _____

Business Phone(____) _____ Ext _____ Date of Birth ____/____/____ Male/Female _____

Use Date of or Y (YES)

Baptism ____/____/____ 1st Communion ____/____/____ Confirmation ____/____/____

Church of Baptism _____