

# Saint Juan Diego Parish

*"Serving Jesus Christ in Sharpsburg since 1845"*

201 9th Street      Sharpsburg, PA 15215-2304

Phone: 412-784-8700 + Fax: 412-781-1101 + Reverend Frank D. Almada, Pastor

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January 2010

Dear parishioner,

Every organization needs accurate and up-to-date information for it to run properly. That is why Saint Juan Diego Parish is conducting its first census. Your participation will help the Pastoral Council, the Finance Council, our staff and me to have the information we need to serve you better.

Please take this census form and complete it in the next several days. Return it (in an envelope) by dropping it in the Offertory basket at Sunday Mass, or mailing it or dropping it off at the parish office, before February 28.

Let me stress that all information in this census form is *confidential*, and will never be shared with any outside company or persons. If you have any questions about our census please call me (412-784-8700) and I'll be glad to answer your questions. Census forms will also be available in all three churches throughout the next several months.

*I thank you in advance* for your help in completing this form, and participating in our parish census.

In the Word made flesh,

Father Frank D. Almada  
Pastor

# PARISH CENSUS FORM 2010

**SAINT JUAN DIEGO PARISH**  
**201 9th Street**  
**Sharpsburg, PA 15215**  
**412-784-8700**

Today's Date \_\_\_\_\_

If this is a new registration, i.e., you are not currently registered in Saint Juan Diego Parish, please check here. \_\_\_\_\_

If you are no longer a member of Saint Juan Diego Parish, or wish to be removed from our rolls, please complete only the front page of this form and check here. \_\_\_\_\_

- *Please PRINT CLEARLY, and provide complete information.*
- *Children (age 18 and under) who live at home should be registered on the third page.*
- *Adults and children over age 18 who live at home should be registered on the fourth page, unless they are separately registered.*
- *Do not include deceased family members.*
- *Please complete information for all members of your household, regardless of their religion. (If there are non-Catholics living in your household who may be interested in becoming a Catholic, we would be happy to talk with them. If interested, please call the office at 412-784-8700)*
- *If you are having any problem understanding the form itself, please call the Parish Office between 8:30 a.m. and 5:00 p.m., Monday through Friday. We are happy to help you!*
- *All information obtained here is CONFIDENTIAL. It will only be used for parish purposes. It will not be distributed or sold to any outside groups.*

FAMILY NAME (LAST NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ Unlisted? Yes/No \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

If you are currently registered with Saint Juan Diego Parish, what is your envelope number?

\_\_\_\_\_

## FAMILY CENSUS FORM

**Marital status:** Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
**If Married, date of Marriage:** \_\_\_\_\_ **Married by:** Priest \_\_\_ Minister \_\_\_ Judge \_\_\_  
**Church of Marriage:** \_\_\_\_\_

*If the marriage was not witnessed by a priest, was permission obtained from the Catholic Church for the marriage to take place before a minister, rabbi or justice? Yes \_\_\_ No \_\_\_*

| COMPLETE FOR BOTH  | HEAD OF HOUSEHOLD | SPOUSE |
|--|-------------------|--------|
| FIRST NAME<br>NICKNAME   |                   |        |
| MIDDLE NAME  |                   |        |
| LAST NAME OR<br>MAIDEN NAME  |                   |        |
| SEX (male or female)   |                   |        |
| DATE OF BIRTH<br>(month/day/year)                                    |                   |        |
| CITY AND STATE<br>OF BIRTH   |                   |        |
| BAPTIZED?<br>(yes or no)   |                   |        |
| RELIGION IN WHICH YOU<br>WERE BAPTIZED:                              |                   |        |
| RECEIVED FIRST<br>COMMUNION?   |                   |        |
| CONFIRMED?<br>(yes or no)  |                   |        |
| RELIGION THAT YOU<br>PRACTICE:                                       |                   |        |
| HIGHEST GRADE<br>COMPLETED   |                   |        |
| ANY SPECIAL NEEDS?   |                   |        |
| OCCUPATION:  |                   |        |
| EMPLOYED BY:   |                   |        |
| Talents or skills you would like to<br>share with the parish family? |                   |        |

**INFORMATION FOR CHILDREN AGE 18 AND UNDER  
WHO LIVE IN YOUR HOUSEHOLD**

*If there are more than three children, please list on reverse side.*

| <b>COMPLETE FOR<br/>EACH CHILD:</b>                      | <b>FIRST CHILD</b> | <b>SECOND CHILD</b> | <b>THIRD CHILD</b> |
|--|--------------------|---------------------|--------------------|
| <b>FIRST NAME<br/>NICKNAME</b>                           |                    |                     |                    |
| <b>MIDDLE NAME</b>                                       |                    |                     |                    |
| <b>LAST NAME</b>   |                    |                     |                    |
| <b>SEX (male or female)</b>                              |                    |                     |                    |
| <b>DATE OF BIRTH<br/>(month/day/year)</b>                |                    |                     |                    |
| <b>CITY AND STATE<br/>OF BIRTH</b>                       |                    |                     |                    |
| <b>BAPTIZED?<br/>(yes or no)</b>                         |                    |                     |                    |
| <b>RELIGION IN WHICH<br/>THE CHILD WAS<br/>BAPTIZED:</b> |                    |                     |                    |
| <b>RECEIVED FIRST<br/>COMMUNION?</b>                     |                    |                     |                    |
| <b>CONFIRMED?<br/>(yes or no)</b>                        |                    |                     |                    |
| <b>NAME OF SCHOOL<br/>CHILD ATTENDS</b>                  |                    |                     |                    |
| <b>CURRENT GRADE</b>                                     |                    |                     |                    |
| <b>ANY SPECIAL NEEDS?</b>                                |                    |                     |                    |
| <b>CCD STUDENT AT<br/>SAINT JUAN DIEGO?</b>              |                    |                     |                    |

**INFORMATION FOR OTHER ADULTS OR CHILDREN OVER AGE 18,  
NOT SEPARATELY REGISTERED, WHO LIVE IN YOUR HOUSEHOLD**

| <b>COMPLETE FOR<br/>EACH ADULT</b>   | <b>ADULT #1</b> | <b>ADULT #2</b> |
|--|-----------------|-----------------|
| <b>FIRST NAME<br/>NICKNAME</b>   |                 |                 |
| <b>MIDDLE NAME</b>   |                 |                 |
| <b>LAST NAME OR<br/>MAIDEN NAME</b>  |                 |                 |
| <b>MARITAL STATUS<br/>(single, married, divorced, widow)</b>                 |                 |                 |
| <b>If married, was your marriage<br/>witnessed by a Catholic Priest?</b>     |                 |                 |
| <b>DATE OF BIRTH<br/>(month/day/year)</b>                                    |                 |                 |
| <b>CITY AND STATE<br/>OF BIRTH</b>   |                 |                 |
| <b>BAPTIZED?<br/>(yes or no)</b>   |                 |                 |
| <b>RELIGION IN WHICH YOU<br/>WERE BAPTIZED:</b>                              |                 |                 |
| <b>RECEIVED FIRST<br/>COMMUNION?</b>   |                 |                 |
| <b>CONFIRMED?<br/>(yes or no)</b>  |                 |                 |
| <b>RELIGION THAT YOU<br/>PRACTICE:</b>                                       |                 |                 |
| <b>HIGHEST GRADE<br/>COMPLETED?</b>  |                 |                 |
| <b>ANY SPECIAL NEEDS?</b>  |                 |                 |
| <b>OCCUPATION:</b>   |                 |                 |
| <b>EMPLOYED BY:</b>  |                 |                 |
| <b>Talents or skills you would like to<br/>Share with the parish family?</b> |                 |                 |

Is there a shut-in (a member of your household who is unable to attend Sunday Mass regularly) living in your home/nursing home? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please write his/her name: \_\_\_\_\_

Institution: \_\_\_\_\_

His/her relationship to you? \_\_\_\_\_

MINISTRIES/PARISH ORGANIZATIONS:

Yes, I participate:

I/We would like to participate:

- |       |  |       |
|-------|--|-------|
| _____ | Altar Server                             | _____ |
| _____ | Blest Are They                           | _____ |
| _____ | Bingo                                    | _____ |
| _____ | CCD Teacher/Aide                         | _____ |
| _____ | Christian Mothers and Rosary Society     | _____ |
| _____ | Extraordinary Minister of Holy Communion | _____ |
| _____ | Finance Council                          | _____ |
| _____ | Funeral home prayers                     | _____ |
| _____ | Funeral server                           | _____ |
| _____ | Liturgy/Decorating                       | _____ |
| _____ | Matthew 7:7 Prayer Group                 | _____ |
| _____ | Ministry to the Sick                     | _____ |
| _____ | Money Counter                            | _____ |
| _____ | Musician                                 | _____ |
| _____ | Parish Office Volunteer                  | _____ |
| _____ | Pastoral Council                         | _____ |
| _____ | Reader                                   | _____ |
| _____ | Sacristan                                | _____ |
| _____ | St. Vincent de Paul Society              | _____ |
| _____ | Usher/greeter                            | _____ |
| _____ | Youth/Young Adult Ministry               | _____ |

I would like Saint Juan Diego Parish to start a new ministry. Please describe on reverse side.