



St. Joseph Church

79 Case Ave., Sharon, PA 16146

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Census Form Member Information-CHILDREN

Family Name: _____

Member ID # _____

If you have more than four dependent children living in your home, please use another copy of this form. Adult children who have graduated from college or entered the workforce should register in their own names and not be listed on this form, even if they live at home.

	Child 1	Child 2	Child 3	Child 4
First Name:				
Middle Name:				
Last Name:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:				
School:				
Grade:				
Email Address:				
Baptized?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested
1st Confession?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested
1st Communion?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested
Confirmation?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested