



Our Lady of the Most Blessed Sacrament Parish CENSUS

Most Blessed Sacrament Church
800 Montana Avenue
Natrona Heights, PA 15065

Our Lady of Perpetual Help Church
10th & Carolina Streets
Natrona Heights, PA 15065

Administrative Center
1526 Union Avenue
Natrona Heights, PA 15065
724.226.4900 • olmb.s.org

Date: _____

HOUSEHOLD INFORMATION

Mailing Salutation (e.g., Mr. & Mrs. John Doe): _____

Address: _____

City: _____ State: _____ Zip: _____

Household Phone: _____ Unlisted

HOUSEHOLD MEMBER 1

Envelope Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name (if applicable): _____

Male Female Relationship (e.g., Head of Household, Spouse, Son, Daughter): _____

Date of Birth: _____ Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

Baptism: Yes Date: _____ Parish: _____ No Non-Catholic (indicate faith): _____

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer / School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound

Care Facility Name of Facility: _____

Current Ministries / Organizations: _____ Ministries / Organizations of Interest: _____

(Use corresponding number from list below, e.g.: 1, 4, 10, 12)

(Use corresponding number from list below, e.g.: 1, 4, 10, 12)

Parish Ministries and Organizations

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| 1. Adult Choir | 9. Finance Council | 17. Office Help Volunteer | 25. Sacristan |
| 2. Altar Server (4th Grade & Up) | 10. Fundraising Volunteers | 18. Parish Pastoral Council | 26. St. Vincent de Paul Society |
| 3. Ambassadors Club | 11. Greeter | 19. Prayer Line | 27. Usher |
| 4. Cantor | 12. Homebound & Hospital Ministry | 20. RCIA | 28. Vacation Bible School Volunteer |
| 5. Catholic Daughters of America | 13. Knights of Columbus | 21. Religious Education Aide | 29. Wedding Coordinator |
| 6. Catholic Men's Fellowship | 14. Ladies of Charity | 22. Religious Education Teacher | 30. Youth Group (8th- 12th Grade) |
| 7. Children's Liturgy Aide | 15. Lector | 23. Resurrection Choir | 31. Youth Minister (Ages 18+) |
| 8. Eucharistic Minister (Ages 18+) | 16. Marriage Sponsor Couple | 24. Rosary Society | 32. Other _____ |

OLMBS Parish Census

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HOUSEHOLD MEMBER 2

Envelope Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name (if applicable): _____

Male Female Relationship (e.g., Head of Household, Spouse, Son, Daughter): _____

Date of Birth: _____ Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

Baptism: Yes Date: _____ Parish: _____ No Non-Catholic (indicate faith): _____

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer / School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound

Care Facility Name of Facility: _____

Current Ministries / Organizations: _____ Ministries / Organizations of Interest: _____

(Use corresponding number from page one, e.g.: 1, 4, 10, 12)

(Use corresponding number from page one, e.g.: 1, 4, 10, 12)

HOUSEHOLD MEMBER 3

Envelope Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name (if applicable): _____

Male Female Relationship (e.g., Head of Household, Spouse, Son, Daughter): _____

Date of Birth: _____ Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

Baptism: Yes Date: _____ Parish: _____ No Non-Catholic (indicate faith): _____

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer / School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound

Care Facility Name of Facility: _____

Current Ministries / Organizations: _____ Ministries / Organizations of Interest: _____

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HOUSEHOLD MEMBER 4

Envelope Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name (if applicable): _____

Male Female Relationship (e.g., Head of Household, Spouse, Son, Daughter): _____

Date of Birth: _____ Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

Baptism: Yes Date: _____ Parish: _____ No Non-Catholic (indicate faith): _____

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer / School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound

Care Facility Name of Facility: _____

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(Use corresponding number from page one, e.g.: 1, 4, 10, 12)

HOUSEHOLD MEMBER 5

Envelope Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name (if applicable): _____

Male Female Relationship (e.g., Head of Household, Spouse, Son, Daughter): _____

Date of Birth: _____ Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

Baptism: Yes Date: _____ Parish: _____ No Non-Catholic (indicate faith): _____

Holy Communion: Yes Date: _____ Parish: _____ No

Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer / School: _____ Work Phone: _____

Highest Level of Education Completed: _____

Special Needs: _____ Homebound

Care Facility Name of Facility: _____

Current Ministries / Organizations: _____ Ministries / Organizations of Interest: _____

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HOUSEHOLD MEMBER _____

Envelope Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name (if applicable): _____

Male Female Relationship (e.g., Head of Household, Spouse, Son, Daughter): _____

Date of Birth: _____ Religious Affiliation: _____ Occupation: _____

Marital Status: Catholic Marriage Date: _____ Parish: _____

Civil Marriage Widowed Separated Divorced Never Married

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Confirmation: Yes Date: _____ Parish: _____ No

Cell Phone: _____ Email: _____

Current Employer / School: _____ Work Phone: _____

Highest Level of Education Completed: _____

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Envelope Number: _____

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