



*The Church of Saint Luke*  
 818 Main Street, Stroudsburg, PA 18360  
 Telephone: (570) 421-9097  
 email: office@churchofsaintluke.org

***Family Registration/Census Form***

Please Print

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

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Self		Spouse	
First & Middle Name:			
Last Name (& Maiden Name):			
Religious Affiliation			
Date of birth / Gender	/ / <input type="checkbox"/> Male <input type="checkbox"/> Female	/ / <input type="checkbox"/> Male <input type="checkbox"/> Female	
Level of education:			
Occupation:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married with permission from the Catholic Church <input type="checkbox"/> Married without permission from the Catholic Church		<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mass Attendance:	<input type="checkbox"/> Regular <input type="checkbox"/> Seldom	<input type="checkbox"/> Regular <input type="checkbox"/> Seldom	
Do you wish to have contribution envelopes mailed to your home:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Children Living at Home:***

	Child 1	Child 2	Child 3
First, Middle, Last Name:			
Male or Female	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth:			
Current School:			
Current Grade in School:			
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**More children? Please complete a second Family Registration Form and staple both forms together. Thank You!**