

**Holy Rosary Parish
P.O. Box 447
Muse, PA 15350
(724) 745-3531
Parish Census Form**

Family Last Name: _____ Home Phone: _____

Email _____ Cell Phone _____ (check if unlisted)

Address: _____
Street/P.O. Box City State Zip Code

Family Members:
Last Name First Name Occupation Birthday Baptism Eucharist Confirmation Marriage

Are there any family members who are physically or mentally challenged or require special needs? Please indicate name and explain.

Are there any family members who are non-Catholic? Please indicate name and denomination, if applicable. _____

Would these individuals be interested in attending instructions to become Catholic? _____ Yes _____ No

Of any children listed above, please list those who will be attending religious education classes (CCD). _____

Please refer to the information on the back of this form.

Please indicate your interest in any of these Parish Ministries and Organizations.

Eucharistic Minister _____

Lector _____

Altar Server _____

Usher _____

Greeter _____

Choir _____

Play Musical Instrument _____

CCD Teacher/Aide _____

Christian Mothers & Altar Society _____

Knights of Columbus _____

Youth Group _____

We are always grateful for your involvement and participation and look forward to having you join our Holy Rosary Parish Family. God Bless You.