

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