



Cathedral Basilica of SS. Peter & Paul
18th Street & Benjamin Franklin Parkway
Philadelphia, Pennsylvania 19103

PARISH FALL COLLECTION CENSUS UPDATE FORM 2020
*** PLEASE FILL-IN COMPLETELY AND PLEASE PRINT ***

PARISH ID#: _____

PREFERENCE: ENVELOPES OR ON-LINE GIVING

FAMILY NAME/LAST NAME _____ TODAY'S DATE: ____/____/____

STREET ADDRESS _____ APARTMENT # _____

CITY, STATE, ZIP _____

LAND-LINE TELEPHONE NUMBER _____

LANGUAGES SPOKEN AT HOME _____ PRIMARY LANGUAGE _____

HEAD(S) OF HOUSEHOLD:

○ Full Name _____

Date of Birth ____/____/____ Male Female Maiden Name _____

Cellphone Number _____

Email Address _____

Occupation / Employer _____ Ethnicity _____

Religion _____ Actively Practicing? Yes No

Sacraments Received: Baptism Confirmation Holy Communion Marriage

Marital Status (*See Below): Single Married Widowed Separated Divorced

○ Full Name _____

Date of Birth ____/____/____ Male Female Maiden Name _____

Cellphone Number _____

Email Address _____

Occupation / Employer _____ Ethnicity _____

Religion _____ Actively Practicing? Yes No

Sacraments Received: Baptism Confirmation Holy Communion Marriage

Marital Status (*See Below): Single Married Widowed Separated Divorced

*Date of Wedding ____/____/____ Location of Wedding _____

Name and Title of Person Officiating Wedding _____

CHILDREN (WHO CURRENTLY LIVE IN THE HOME):

- Full Name _____
Date of Birth ____/____/____ Age _____ Male Female
School _____ Grade/Year _____
Occupation / Employer _____ Ethnicity _____
Religion _____ Actively Practicing? Yes No
Sacraments Received: Baptism Confirmation Holy Communion Marriage

- Full Name _____
Date of Birth ____/____/____ Age _____ Male Female
School _____ Grade/Year _____
Occupation / Employer _____ Ethnicity _____
Religion _____ Actively Practicing? Yes No
Sacraments Received: Baptism Confirmation Holy Communion Marriage

- Full Name _____
Date of Birth ____/____/____ Age _____ Male Female
School _____ Grade/Year _____
Occupation / Employer _____ Ethnicity _____
Religion _____ Actively Practicing? Yes No
Sacraments Received: Baptism Confirmation Holy Communion Marriage

OTHER MEMBERS OF THE HOUSEHOLD (PARENTS, SIBLINGS, OTHER RELATIVES, ROOMMATES, ETC.):

- Full Name _____ Relationship _____
Date of Birth ____/____/____ Male Female Ethnicity _____
Religion _____ Actively Practicing? Yes No
Sacraments Received: Baptism Confirmation Holy Communion Marriage

- Full Name _____ Relationship _____
- Date of Birth ____/____/____ Male Female Ethnicity _____
Religion _____ Actively Practicing? Yes No
Sacraments Received: Baptism Confirmation Holy Communion Marriage

ADDITIONAL INFORMATION:

- Anyone homebound or in need of assistance _____
- Anything else that you wish to share _____
