

*ST. EULALIA PARISH  
214 BLUE SHUTTERS ROAD  
ROARING BROOK TWP., PA 18444-7615*

**FAMILY INFORMATION FORM**

Head of House (Person to whom all general Church mail should be addressed at this house)

Last Name \_\_\_\_\_ Suffix (if applicable) \_\_\_\_\_

First Name \_\_\_\_\_ Title (Mr., Mrs., Mr. & Mrs., etc.) \_\_\_\_\_

First Name of Spouse \_\_\_\_\_ Maiden Name of Wife \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Street Address (if different than above ) \_\_\_\_\_

Family Status \_\_\_\_\_ e-mail \_\_\_\_\_

(that is, Church Marriage, Civil Marriage, single, divorced, separated, not married)

Year (approx.) you joined St. Eulalia's: \_\_\_\_\_ Home Phone \_\_\_\_\_

Directions from Church to your house:

Ways you would be willing to volunteer/help at the parish:

Remarks:

**ST. EULALIA PARISH - ROARING BROOK TWP., PA  
Member Information Form (Complete other side first)**

All persons living in your house. Please begin with Head, then Spouse, then oldest to youngest. Use additional sheet if necessary.

Name								
Relationship to Head								
Birth date								
Gender								
Marriage Status (Date of Marriage)								
Religion								
Handicap/Disability								
Ethnicity if other than Caucasian								
School (if student)								
Occupation								
Location								
Business Phone + Extension								
Grade if student								
List any Church Ministries								
For children: Baptism Yes/No								
Place								
Eucharist Yes/No								
Place								
Confirmation Yes/No								
Place								

Remarks: