

**SAINT DAVID PARISH
316 N. Easton Road
Willow Grove, PA 19090**

PARISH INFORMATION FORM

FAMILY NAME _____

ADDRESS:
HOUSE NUMBER: _____ STREET _____ APT # _____ PO BOX # _____
CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ **CELL** _____ **EMAIL ADDRESS** _____

HEAD OF HOUSEHOLD _____ **MIDDLE INITIAL** _____ **DATE OF BIRTH** _____

RELIGION BAPT COMM CONF MASS MARITAL STATUS OCCUPATION MAIDEN NAME IF APPLICABLE

SPOUSE _____ **INITIAL** _____ ****MAIDEN NAME** _____ **DATE OF BIRTH** _____
Please list maiden name

RELIGION BAPT COMM CONFIRM MASS OCCUPATION

****CHURCH OF MARRIAGE** _____ **CITY** _____ **DATE** _____
(Please enter above even if widowed or divorced)

CHILDREN'S INFORMATION

NAME	DOB MO/DAY/YEAR	BAPT	COMM	CONFIR	MASS	(PLEASE LIST SCHOOL)
						SCHOOL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHER INDIVIDUALS LIVING AT THIS ADDRESS: (adult children, in-laws, etc.)

Is there anyone in your household who has a permanent disability? Please state the condition. If so, is there anything which the parish can do to assist this person? e.g. Accessibility to parish buildings, rides to church., etc. _____

Would you like one of the priests or Deacon Bill Eliason to visit your home? _____