

**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 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion:	Bapt	Comm	Conf	Mass	Marital Status	Occupation	Maiden Name
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Spouse: \_\_\_\_\_ Initial: \_\_\_\_\_ \*\*Maiden Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please list maiden name*

Religion:	Bapt	Comm	Conf	Mass	Occupation
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**\*\*Church of Marriage:** \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please enter above even if widowed or divorced)*

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**CHILDREN'S INFORMATION**

NAME	DOB mm/dd/yyyy	Bapt	Comm	Confir	Mass	SCHOOL <i>(Please list school)</i>
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**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 the parish can do to assist this person, e.g. accessibility to parish buildings, rides to church, etc?

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