



NEW PARISHIONER REGISTRATION FORM

DATE: _____

FAMILY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PRIMARY TELEPHONE: _____

CELL PHONE: _____

EMAIL: _____

MARITAL STATUS:

MARRIED IN CATHOLIC CHURCH CIVIL MARRIAGE SINGLE WIDOWED DIVORCED SEPARATED

Family Members Living at Home (Last, First)	M/F	DOB	Religion	Baptized (Y/N)	Communion (Y/N)	Confirmation (Y/N)
Parent						
Parent (if applicable)						
Child <input type="checkbox"/> Public School <input type="checkbox"/> Catholic School				Date	Date	Date
Child <input type="checkbox"/> Public School <input type="checkbox"/> Catholic School				Date	Date	Date
Child <input type="checkbox"/> Public School <input type="checkbox"/> Catholic School				Date	Date	Date
Child <input type="checkbox"/> Public School <input type="checkbox"/> Catholic School				Date	Date	Date

Please email form to Kathy Washington—info@holyspiritchurchnj.org or drop off at Parish Office