

Our Lady of the Blessed Sacrament Parish: Registration Form

DATE _____

Family Last Name _____
 Street Address _____
 PO Box _____
 City, State, Zip _____
 Telephone _____
 E-mail Address _____

SECOND ADDRESS
 Dates -From (month - month) _____ - _____
 Street Address _____
 PO Box _____
 City, State, Zip _____
 Telephone _____

Do you want to receive monthly contribution envelopes? Yes No
 Are you a permanent resident? Yes No (if no, please provide second address above)
 Are you or a family member homebound? Yes No
 Marital Status (check all that apply) Single Married Divorced Separated Widowed
 Were you married by a: (circle one) Catholic Priest Minister Justice of the Peace Other

Family Member Info (Full Names)	Religion	Birth Date	Baptism	1 st Holy Communion	Confirmation	Occupation or School & Grade	Committees or Ministries you are interested in joining
Head of Household		__/__/__	Yes No	Yes No	Yes No		
Spouse - <i>Indicate Maiden Name</i>		__/__/__	Yes No	Yes No	Yes No		
Children <u>Living at Home</u> (indicate M/F)		__/__/__	Yes No	Yes No	Yes No		
1)		__/__/__	Yes No	Yes No	Yes No		
2)		__/__/__	Yes No	Yes No	Yes No		
3)		__/__/__	Yes No	Yes No	Yes No		
4)		__/__/__	Yes No	Yes No	Yes No		
5)		__/__/__	Yes No	Yes No	Yes No		

*Mail this form to: **Our Lady of the Blessed Sacrament 104 Catawba Ave. Newfield, NJ 08344**
 drop it off at the Parish Office, fax to 213-6279 or put it in the collection basket.

Welcome to our parish family.

ENVELOPE # _____
 (For Office Use)