

Reg. Date _____

Env# _____ Online Giving _____

**Please consider using online giving as your preferred means of supporting our parish.*

Welcome to St. Peter the Apostle University & Community Parish

94 Somerset Street, New Brunswick, NJ 08901

FAMILY REGISTRATION

Family Name _____ Primary Phone _____

Phone/Name (1) _____ Phone/Name (2) _____

Email/Name (1) _____ Email/Name (2) _____

Address _____ Address 2 _____

City _____ State _____ Zip _____

Previous Parish _____

List all family members including self:

Last Name	First Name, MI	Family Relationship Husband, wife, daughter, son, etc.	M/F	Date of Birth	Religion	Baptized (date if possible)	First Communion (date if possible)	Confirmation (date if possible)	Marital Status*

* Single, Married, Widow/er, Divorced, Annulled

Married Couples: Wife's Maiden Name _____ Marriage date _____

Is Marriage recognized as valid Sacrament in the Church? Y / N Place of Marriage _____

Additional Notes:



Please indicate the name of the household member who might be interested in learning more about the following ministries:

Parish Finance Council

**members must have a background in finance and administration.*

Parish Pastoral Council

Evangelization/Community Outreach

Campus Ministry

Religious Education/Faith Formation

Family / Children Religious Ed

Adult Spirituality/Scripture Study

Catechist/Aide

**volunteers must comply with the norms for the Protection of God's Children.*

Liturgy and Worship

Adult Altar Server

Youth Altar Server

Parish Choir

Instrumental Music

Extraordinary Ministers of Holy Communion

EM - Visit homebound/hospitals/nursing homes

Reader

Greeter/Usher

Novena Prayer Ministry

Social Justice/Community Service

St. Vincent DePaul Society

Knight of Columbus

Special Needs Ministries

(please indicate, for example ministry to the separated and divorced, etc.)

Community Building/Hospitality

Event Organization and Planning

Hospitality

Grounds and Facilities

Stewardship/Parish Development

Are there any members of your household in need of special assistance due to an infirmity or disability? Please indicate below:

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