Divine Mercy Parish

Family Registration

213 Pershing Ave., Carteret, NJ 07008 (732) 541-5768

Reg Date: / /

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

AreaCode: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: *(Active, Inactive)*		
Role: *(Head of House, Husband, Wife etc.)*		
First Name / Nickname:	/	/
Gender:	Male / Female (Maiden)	Male / Female (Maiden)
DOB (mm/dd/yyyy):	/ /	/ /
Email:		
Work Phone/Cell Phone:	/	/
First Language:		
Occupation/Employer:	/	/
Sacramental Info:	Baptized? ☐ Catholic? ☐	Baptized? ☐ Catholic? ☐
Dates (mm/dd/yyyy):	/ /	/ /
(Single, Married, Separated, Divorced, Annulled)	Reconcil? ☐ / / First Eucharist? ☐ / / Confirmed? ☐ / /	Reconcil? ☐ / / First Eucharist? ☐ / / Confirmed? ☐ / /
Marital Status:	Valid Catholic Marriage? ☐	

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household *(Son, Daughter, Mother Father etc.)*	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism ☐ / / *Catholic?* ☐	Eucharist ☐ / /	Reconciliation ☐ / /	Confirmation ☐ / /	
2.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism ☐ / / *Catholic?* ☐	Eucharist ☐ / /	Reconciliation ☐ / /	Confirmation ☐ / /	
3.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism ☐ / / *Catholic?* ☐	Eucharist ☐ / /	Reconciliation ☐ / /	Confirmation ☐ / /	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.