

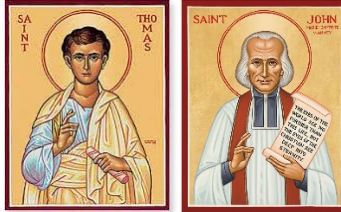
St. Thomas the Apostle & St. John Vianney Church

5635 Berkshire Valley Rd, Oak Ridge, NJ 07438

(973) 208-0090

www.ststthomasjohn.org

PARISH REGISTRATION FORM



Dear Parishioner:

Thank you for taking the time to complete and return this parish census form. This information enables us to serve you better, and run our church more efficiently in the Catholic community.

Start by completing the information below and then, please complete the information on the following pages for all the members in your family, and answer the questions to the best of your knowledge. If you have any questions, please call our parish office and we will be glad to assist you.

THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE FOR PASTORAL USE ONLY

At which parish do you want to be registered?

St. Thomas the Apostle

St. John Vianney

FAMILY INFORMATION

PLEASE PRINT CLEARLY

LAST NAME _____

HEAD OF HOUSEHOLD FIRSTNAME _____

SPOUSE'S FIRST & LAST NAME _____

PHONE # _____ CELL PHONE # _____

E-MAIL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW WOULD YOU LIKE TO MAKE YOUR DONATIONS? Envelops Online Giving

ADULT FAMILY MEMBER #1 – Head of Household (Please print legibly)

FIRST AND LAST NAME: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

PLACE OF BIRTH: _____

SACRAMENTS

BAPTIZED? YES NO DATE OF BAPTISM: _____

NAME AND ADDRESS OF THE CHURCH OF BAPTISM: _____

RECEIVED 1ST COMMUNION? YES NO DATE OF 1ST COMMUNION: _____

CONFIRMED AS CATHOLIC? YES NO DATE OF CONFIRMATION: _____

DENOMINATION: Catholic Baptist Episcopalian Jewish
 Lutheran Methodist Presbyterian Other _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

DATE OF MARRIAGE: _____ MARRIED BY A CATHOLIC PRIEST? YES NO

ADULT FAMILY MEMBER #2 (Please print legibly)

FIRST AND LAST NAME: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

PLACE OF BIRTH: _____

SACRAMENTS

BAPTIZED? YES NO DATE OF BAPTISM: _____

NAME AND ADDRESS OF THE CHURCH OF BAPTISM: _____

RECEIVED 1ST COMMUNION? YES NO DATE OF 1ST COMMUNION: _____

CONFIRMED AS CATHOLIC? YES NO DATE OF CONFIRMATION: _____

DENOMINATION: Catholic Baptist Episcopalian Jewish
 Lutheran Methodist Presbyterian Other _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

DATE OF MARRIAGE: _____ MARRIED BY A CATHOLIC PRIEST? YES NO

DEPENDENT CHILD #1 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

PLACE OF BIRTH: _____

EDUCATION: _____

SACRAMENTS

BAPTIZED? YES NO DATE OF BAPTISM: _____

NAME AND ADDRESS OF THE CHURCH OF BAPTISM: _____

RECEIVED 1ST COMMUNION? YES NO DATE OF 1ST COMMUNION: _____

CONFIRMED AS CATHOLIC? YES NO DATE OF CONFIRMATION: _____

DEPENDENT CHILD #2 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

PLACE OF BIRTH: _____

EDUCATION: _____

SACRAMENTS

BAPTIZED? YES NO DATE OF BAPTISM: _____

NAME AND ADDRESS OF THE CHURCH OF BAPTISM: _____

RECEIVED 1ST COMMUNION? YES NO DATE OF 1ST COMMUNION: _____

CONFIRMED AS CATHOLIC? YES NO DATE OF CONFIRMATION: _____

DEPENDENT CHILD #3 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

PLACE OF BIRTH: _____

EDUCATION: _____

SACRAMENTS

BAPTIZED? YES NO DATE OF BAPTISM: _____

NAME AND ADDRESS OF THE CHURCH OF BAPTISM: _____

RECEIVED 1ST COMMUNION? YES NO DATE OF 1ST COMMUNION: _____

CONFIRMED AS CATHOLIC? YES NO DATE OF CONFIRMATION: _____

Welcome to St. Thomas the Apostle & St. John Vianney Parish

How can we minister to you? _____

Were you involved in your last parish? YES NO

What ministries were you involved in? _____

Would you like to continue that ministry here? YES NO

Is there another ministry you would like to participate in? _____

What gifts and talents would you like to share with our parish family? Please check all ministries you are interested in and we will contact you.

PARISH MINISTRIES (Please check all areas of interest)

Liturgy & Devotion (Check all that apply)

- Lector Usher Music Eucharistic Minister Altar Server

FAITH FORMATION

- Catechist, K-8 Catechist, 9-10

Rite of Christian Initiation of Adults (RCIA)

- Become a Catholic Complete my Sacraments

Other affiliated groups

- Spiritual Committee Bible study Youth Ministry Knights of Columbus

Signature: