

# PARISH REGISTRATION FORM OUR LADY of PEACE PARISH

32 Carroll Ave.  
Williamstown, NJ 08094  
856-629-6142

Today's Date \_\_\_\_\_

Family Last Name \_\_\_\_\_

How should mail to your home be addressed? Please Circle one.

Dr. & Mrs./ Dr. & Mr. /Mr. & Mrs./ Mrs. & Mr./ Mr./ Mrs./ Ms./ Miss.

Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Head of Household Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

If Married, please complete the following: Marriage Date \_\_\_\_\_

Were you married in a Catholic church by a Catholic Priest / Deacon. Yes / No

Place of Marriage _____
Address of place _____
Performed by _____

Are you:    Single            Single Parent            Civil Marriage            Other Faith \_\_\_\_\_

Separated            Divorced            Widowed            Other

Would you like to talk to a priest / deacon about your marriage Yes / No

## Emergency Contact Information

Individual Information	1st	2nd
First Name		
Last Name		
Relationship		
Phone		

	Name	Name	Name
Health Issues/ Needs			
Physical Disabilities			
Learning Disabilities			

I would like to volunteer the following skills:

I would like to volunteer for the following ministries:

Individual Information	HEAD OF HOUSEHOLD	SPOUSE
First Name		
Middle Name		
Last Name		
Preferred Name		
Maiden Name		
Date of Birth		
Gender Male / Female		
Religion		
Ethnicity		
Primary Language		
Second Language		
Occupation		
Employer		
Location		
Work Phone / Extension		
Baptism Yes/ No Date		
Church		
Address		
City, State Zip		
Eucharist Yes / No		
Church City State		
Confirmation Yes / No		
Church City State		

Family Envelope \_\_\_\_\_  
number

OFFICE USE ONLY  
**CONTINUED ON REVERSE**

## CHILDREN UNDER 22

OR DEPENDENT ADULTS/CHILDREN

Individual Information	FIRST	SECOND	THIRD	FOURTH	FIFTH
First Name					
Middle Name					
Last Name					
Preferred Name					
Gender Male / Female					
Relationship (Daughter/Son Nephew/Niece/ etc.)					
Religion					
Ethnicity					
Religious Education Grade					
School Grade					
School Attending					
Primary Language					
Second Language					
Previous Rel. Ed. was at					
<b>Sacrament</b>	<b>Information</b>	<b>as on</b>	<b>Baptismal</b>	<b>Certificate</b>	
Baptism Yes/ No					
Baptism Date					
Birth Date					
Birthplace					
Church					
Address					
City, State Zip					
Father Name (as on Baptismal Certificate)					
Maiden Name (First / Last as on Baptismal Certificate)					
Reconciliation Yes / No					
Eucharist Yes / No					
Church City State					
Confirmation Yes / No					
Church City State					

**NOTE: If any of your children were baptized outside of this parish, you will need to supply us with a copy of each child's Baptismal Certificate for our**