



# Resurrection Parish

651 Millbrook Avenue, Randolph, N.J. 07869 (973) 895-4224

## PARISH REGISTRATION FORM

DATE \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_

FAMILY NAME \_\_\_\_\_ WIFE'S EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ WIFE'S CELL \_\_\_\_\_

TOWN \_\_\_\_\_ WIFE'S MAIDEN NAME \_\_\_\_\_

How long at this address? \_\_\_\_\_ HUSBAND'S EMAIL \_\_\_\_\_

HUSBAND'S CELL \_\_\_\_\_

### ADULT FAMILY MEMBERS

NAME:	MARITAL STATUS	RELIGION	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN NAME:	Date of Birth	Grade	Check Sacraments Received			
			Baptism	Penance	Eucharist	Confirmation
_____ (M F)	_____	_____	_____	_____	_____	_____
_____ (M F)	_____	_____	_____	_____	_____	_____
_____ (M F)	_____	_____	_____	_____	_____	_____
_____ (M F)	_____	_____	_____	_____	_____	_____
_____ (M F)	_____	_____	_____	_____	_____	_____

Do you have any gifts, talents or hobbies you would like to share? \_\_\_\_\_

Do you have any elderly or shut-ins in your home who would like to receive the Eucharist?

NAME: \_\_\_\_\_

PREVIOUS PARISH \_\_\_\_\_ (city, state)

WHAT PARISH MINISTRIES/ACTIVITIES HAVE YOU BEEN INVOLVED WITH PREVIOUSLY?

DO YOU WISH TO CONFER WITH: A PRIEST \_\_\_\_\_ DEACON \_\_\_\_\_ STAFF MEMBER \_\_\_\_\_  
CONCERNING A SITUATION THAT WHICH NEEDS CLARIFICATION?

PLEASE SPECIFY \_\_\_\_\_