



# Resurrection Parish

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

## PARISH REGISTRATION FORM

Date \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Family name \_\_\_\_\_ email \_\_\_\_\_  
 Address \_\_\_\_\_ cell # \_\_\_\_\_  
 Town \_\_\_\_\_ maiden name \_\_\_\_\_  
 How long at this address? \_\_\_\_\_ Spouse's email \_\_\_\_\_  
 Spouse's cell # \_\_\_\_\_

### Adult Family Members

Name:	M/S/D	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)	_____	_____	_____	_____	_____	_____

Previous parish \_\_\_\_\_ (name, city, state)

Donation preference - electronic giving ( <https://resurrectionparishnj.churchgiving.com/> )  
or envelopes system

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

Previous parish activities have you been involved with? \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you wish to confer with: A Priest \_\_\_\_\_ Deacon \_\_\_\_\_ Staff Member \_\_\_\_\_ Concerning a situation you need clarified?

Please specify \_\_\_\_\_