

St. Catharine- St. Margaret Parish Family Registration Form

Mail the form to:
St. Catharine Church
215 Essex Avenue
Spring Lake, NJ 07762

or Email the form to:
ContactUs@stcatharine-stmargaret.org

Date:

Family Information

Family Last Name		Mailing Label Name (e.g., Mr. and Mrs. John Doe, John and Mary Doe, etc.)	
Street Address			
City, State		Zip	
Mailing Address (if different from above)			
Primary Phone	Cell Phone	Family Email	

Is there someone who is residing with you who should be on our Communion/Sick Call List? Yes No Name _____

We have two cemeteries in the parish. Do you own a Cemetery Plot? Yes No Here _____ Elsewhere _____

Are members of your family enrolled in St. Catharine School? Yes No

Are members of your family enrolled in our Religious Education Program? Yes No

My/Our Volunteer Interests are:

Family Members

Sacraments: Please enter the date the family member received the sacrament, if the date is not known, indicate if the sacrament was received.

Family Members (including self) Residing with you	Maiden Name	Family Relationship	Sex M/F	Date of Birth MM/DD/YYYY	Date of Marriage MM/DD/YYYY	Marriage Recognized by RC Church Y/N	Religion	Baptism Y/N or MM/YY	First Communion Y/N or MM/YY	Confirmation Y/N or MM/YY

Please include any additional information you would like to share here:

Mail

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Email

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