

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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