

St. Bernard & St. Stanislaus Parish Family Registration

Reg Date: / /

368 Sumner Ave., Plainfield, NJ 07062 (908) 756-3393

Last Name: **First Name(s):**

Mailing Name (ie Mr. & Mrs. John Doe)

Address: **Add2:**

City: **State:** **Zip:** -

AreaCode: **Home Phone:** **Emerg. Phone:**

Family Email: **Env#**

Individual Member Information

| | | |
|---|---|---|
| Parish Status: <small>(Active, Inactive)</small> | | |
| Role: <small>(Head of House, Husband, Wife etc.)</small> | | |
| First Name / Nickname: | / | / |
| Gender: | Male / Female (Maiden) | Male / Female (Maiden) |
| DOB (mm/dd/yyyy): | / / | / / |
| Email: | | |
| Work Phone/Cell Phone: | / | / |
| First Language: | | |
| Occupation/Employer: | | |
| Sacramental Info: | Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> | Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> |
| Dates (mm/dd/yyyy): | / / | / / |
| <small>(Single, Married, Separated, Divorced, Annulled)</small> | Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> | Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> |
| Marital Status: | Valid Catholic Marriage? <input type="checkbox"/> | / / |

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

| | Relationship to Head of Household | First Name / Last Name | Gender | Birthdate & Birthplace | H.S. Grad Yr | School First Language |
|----|---|---|---|---|---|---|
| 1. | | / | M / F | / / | | |
| | Check if Sacrament Received. Add Date if known. | Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> | Eucharist <input type="checkbox"/> | Reconciliation <input type="checkbox"/> | Confirmation <input type="checkbox"/> | |
| | / / | / / | / / | / / | / / | |
| 2. | | / | M / F | / / | | |
| | Check if Sacrament Received. Add Date if known. | Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> | Eucharist <input type="checkbox"/> | Reconciliation <input type="checkbox"/> | Confirmation <input type="checkbox"/> | |
| | / / | / / | / / | / / | / / | |
| 3. | | / | M / F | / / | | |
| | Check if Sacrament Received. Add Date if known. | Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> | Eucharist <input type="checkbox"/> | Reconciliation <input type="checkbox"/> | Confirmation <input type="checkbox"/> | |
| | / / | / / | / / | / / | / / | |

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.