Office Use Only:	Date Reg.	: Env. #	Date in System:	File Name:
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## **REGISTRATION FORM**

**HUSBAND:** 

## Saint Theodore Roman Catholic Church, Port Murray New Jersey 07865

Last Name	First Name	Middle Initial
Street Address:		
City, State, Zip		
Home Phone #:		
Cell Phone #:		
Family E-Mail:		
Date of Birth:	Male: Female: Special Needs?	
Occupation:		
Circle Religion: Catholic Methodist	Presbyterian Lutheran Episcopalian Othe	er:
(Circle Yes or No) Baptized Yes No; Fi	rst Communion Yes No; Confirmation Yes No	
Your Former Parish		
City, State		
Marital Status: Married, Single, Divorced, S	Separated, Widow	
WIFE:		
Name	Middle Initial _	
Wife's Maiden Name:		
Date of Birth:	Male: Female: Special Needs?	
Cell Phone #:		
Occupation:		
Circle Religion: Catholic Methodist	Presbyterian Lutheran Episcopalian Other	er:
Circle Yes or No. Bantized Yes No.	First Communion Yes No: Confirmation Yes 1	No

(Continued on reverse side)

- Religious Education: Do you plan to enroll your child/children in St. Theodore Religious Education Program? Yes No
- Do you plan to enroll your child/children in St. Theodore's Youth Group? Yes No
- Ministries: Please circle the ministries you, your spouse or child/children are interested in: Altar Server Hospitality Adult Choir Children's Choir Lector Eucharistic Minister Outreach to Homebound/ill Altar Rosary Religious Education Catechist Youth Group Church Cleaning Crew Volunteer Baking Fundraisers

## **Children Residing Home Information**

Name			Middle Initial		
Date of Birth:	Male:	_ Female:			
School Grade:	S	pecial Needs?			
Marital Status: Married, Single, Divor	ced, Separated, W	idowed, Engag	ed		
Circle Religion: Catholic Method	ist Presbyterian	Lutheran	Episcopalian Other:		
(Circle Yes or No) Baptized Yes N	o; First Commu	nnion Yes No;	Confirmation Yes No		
Name			Middle Initial		
Date of Birth:	Male:	_ Female:			
School Grade:	S	pecial Needs?			
Marital Status: Married, Single, Divor	ced, Separated, W	idowed, Engag	ed		
Circle Religion: Catholic Method	ist Presbyterian	Lutheran	Episcopalian Other:		
(Circle Yes or No) Baptized Yes No	o; First Commu	nion Yes No;	Confirmation Yes No		
Name Middle Initial					
Date of Birth:	Male:	_ Female:			
School Grade:	S	pecial Needs?		<u>-</u>	
Marital Status: Married, Single, Divor	ced, Separated, W	idowed, Engag	ed		
Circle Religion: Catholic Method	ist Presbyterian	Lutheran	Episcopalian Other:		
(Circle Yes or No) Baptized Yes No	o; First Commu	nion Yes No;	Confirmation Yes No		
Name		N	iddle Initial		
Date of Birth:	Male:	_ Female:			
School Grade:	S	pecial Needs?			
Marital Status: Married, Single, Divor	ced, Separated, W	idowed, Engag	ed		
Circle Religion: Catholic Method	ist Presbyterian	Lutheran	Episcopalian Other:		
(Circle Yes or No) Baptized Yes No	o; First Commu	nion Yes No;	Confirmation Yes No	mr: 8-29	