

**REGISTRATION FORM**

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

**HUSBAND:**

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 Other: \_\_\_\_\_

(Circle Yes or No) Baptized Yes No; First Communion Yes No; Confirmation Yes No

Your Former Parish \_\_\_\_\_

City, State \_\_\_\_\_

Marital Status: Married, Single, Divorced, 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: \_\_\_\_\_

(Circle Yes or No) Baptized Yes No; First Communion Yes No; Confirmation Yes 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 Usher  
Adult Choir Children's Choir Lector Eucharistic Minister Outreach to Homebound/ill Altar Rosary Religious Education Catechist  
Youth Group Baking Fundraisers Church Cleaning Crew Volunteer

**Children Residing Home Information**

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Grade: \_\_\_\_\_ Special Needs? \_\_\_\_\_

Marital Status: Married, Single, Divorced, Separated, Widowed, Engaged

Circle Religion: Catholic Methodist Presbyterian Lutheran Episcopalian Other: \_\_\_\_\_

(Circle Yes or No) Baptized Yes No; First Communion Yes No; Confirmation Yes No

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Grade: \_\_\_\_\_ Special Needs? \_\_\_\_\_

Marital Status: Married, Single, Divorced, Separated, Widowed, Engaged

Circle Religion: Catholic Methodist Presbyterian Lutheran Episcopalian Other: \_\_\_\_\_

(Circle Yes or No) Baptized Yes No; First Communion Yes No; Confirmation Yes No

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Grade: \_\_\_\_\_ Special Needs? \_\_\_\_\_

Marital Status: Married, Single, Divorced, Separated, Widowed, Engaged

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(Circle Yes or No) Baptized Yes No; First Communion Yes No; Confirmation Yes No

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Grade: \_\_\_\_\_ Special Needs? \_\_\_\_\_

Marital Status: Married, Single, Divorced, Separated, Widowed, Engaged

Circle Religion: Catholic Methodist Presbyterian Lutheran Episcopalian Other: \_\_\_\_\_

(Circle Yes or No) Baptized Yes No; First Communion Yes No; Confirmation Yes No