Blessed Sacrament St. Charles Borromeo Catholic Church, Newark, N.J.

PARISH REGISTRATION FORM

MEMBER INFORMATION

HEAD OF HOUSEHOLD **First Name: _____ Middle: _____ Last: _____**

Telephone: (H)_____ _____ (Cell: very important _____E- Mail (very important) _____

Street Address: _____Apt. # ____ City_____ State _____ Zip _____

Mailing Address (if different from above): _____ City _____ State _____ Zip _____

A Church Member? Yes ___ No ____ Language(s) _____ (Birth Date) Month: _____Year: _____

Marital Status: ☐ Single ☐ Married (By a priest? ☐ Yes ☐ No) ☐ Widow (er) ☐ Separated ☐ Divorced (Annulled? ☐Yes ☐No)

Occupation: _____Other Skills: _____ Interested in some Ministry? Yes ☐No ☐

Sacraments Received	**☐ Baptism**	**☐ First Communion**	**☐ Confirmation**	**☐ Marriage**	**☐ Holy Orders**
Name of Church, City & State of Baptism					

SPOUSE NAME **(If Applicable) First Name: _____ Middle: _____ Last: _____**

(Cell: Very important) _____ E-Mail (Very Important) _____ Language (s) _____ _____

A Church Member? ☐Yes ☐ No (If No) Religion: _____ (Birth Date) Month: _____ Year: _____

Occupation: _____ Other Skills: _____ Interested in some ministry? ☐ Yes ☐ No

Sacraments Received	**☐ Baptism**	**☐ First Communion**	**☐ Confirmation**	**☐ Marriage**	**☐ Holy Orders**
Name of Church, City & State of Baptism					

CHILDREN

Name of Child	**Baptized**	**Communicant**	**Confirmed**	**Married**	**Name of Church , City & State of Baptism**
	___Yes___ No	**___Yes___ No**	**___Yes___ No**	**___Yes___ No**	
	___Yes___ No	**___Yes___ No**	**___Yes___ No**	**___Yes___ No**	
	___Yes___ No	**___Yes___ No**	**___Yes___ No**	**___Yes___ No**	
	___Yes___ No	**___Yes___ No**	**___Yes___ No**	**___Yes___ No**	
	___Yes___ No	**___Yes___ No**	**___Yes___ No**	**___Yes___ No**	
	___Yes___ No	**___Yes___ No**	**___Yes___ No**	**___Yes___ No**	