

Parish of St. Michael The Archangel

Date: / /

Office: 49 W. North St. Clayton, NJ 08312, Phone #856-881-9155

Fax #856-881-9166 Website: www.parishofstmichaelthearchangel.org

REGISTRATION FORM

OFFICE USE ONLY # ()

Family (Last) Name	Mailing Address (PO Box or Street)	City	State	ZIP
Street Address (if different from mailing address)		Home Phone	Cell Phone	
Family's Primary e-mail address				
Members of the Household				

Name: first, middle & last	Title (Head of Household, Spouse, Son, Daughter)	Date of Birth	M/F	Marital Status (married, divorced, single, widow)	Race (African American, White, Hispanic, Korean, etc.)	Occupation or School (Catholic or Public)	Religion (if not Catholic)

Check Sacraments Received (Please also show in each box the date (at least year), church, city/state each Sacrament was received, if known)

Name	Baptism	First Communion	Confirmation	Catholic Marriage	Please check box if non/catholic ceremony or civil marriage

- DO YOU WISH TO RECEIVE CONTRIBUTION ENVELOPES? YES ___ NO ___ ALREADY RECEIVING ___
- DO YOU RECEIVE THE STAR HERALD? YES ___ NO ___
 - If YES, do you want to continue your subscription YES ___ NO ___
- ARE YOU INTERESTED IN E-GIVING? YES ___ NO ___
- MAY WE ADD YOU TO OUR PARISH ELECTRONIC NEWSLETTER? YES ___ NO ___

Do you have any special needs or situations that you wish to call to our attention? Please indicate on the back of this form.