



# Christ the Redeemer Parish

318 Carl Hasselhan Drive  
Atco, NJ 08004

Phone 856-767-0719 | Fax 856-753-7917  
[www.ctratco.com](http://www.ctratco.com)

## PARISH REGISTRATION FORM

### Family Information

Family Last Name \_\_\_\_\_

Mailing Name \_\_\_\_\_  
*(Ex. Mr. & Mrs. John Doe)*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Check if unlisted*  
Home Phone  \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

### Mailing Address

*Same as Above*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Other Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Send Mail: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recieve Church Envelopes:  Yes  No



# Individual Adult Registration (21 and Older)

Please complete a separate form for each adult member of the household. Check appropriate choices or print information as requested in the spaces below.

**Member Role:**  Head of Household  Husband  Wife  Other \_\_\_\_\_

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Birthplace** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Marital Status:**  Married  Divorced  Separated  Single  Widowed

*If Married, Marriage Type:*  Catholic Church  Non-Catholic Ceremony  Civil Ceremony

Date \_\_\_\_\_ Place \_\_\_\_\_

*If Divorced:*  Annuled  Annulment Pending  Annulment Denied

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**Health:**  Healthy  Ill \_\_\_\_\_  Disabled \_\_\_\_\_

**Ethnicity:**  Caucasian  African American  Hispanic  Korean

Filipino  Mixed  Other \_\_\_\_\_

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**Religion:**  Roman Catholic  Eastern Rite Catholic  Eastern Orthodox  Protestant Christian

Jewish  Muslim  Other \_\_\_\_\_

## Sacramental Record

**Baptism** \_\_\_\_\_  
*Date* \_\_\_\_\_ *Church* \_\_\_\_\_ *City/State* \_\_\_\_\_

**Communion** \_\_\_\_\_  
*Date* \_\_\_\_\_ *Church* \_\_\_\_\_ *City/State* \_\_\_\_\_

**Confirmation** \_\_\_\_\_  
*Date* \_\_\_\_\_ *Church* \_\_\_\_\_ *City/State* \_\_\_\_\_

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**Occupation** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Job Status:**  Full-Time  Part-Time  Homemaker  Student

Unemployed  Retired  Military

**Education:** \_\_\_\_\_ **Top Level Achieved:** \_\_\_\_\_

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## Get Involved!

*Would you like to become involved in parish life? If so, check all areas of interest.*

Parish Ministry  Parish Ministry  Parish Ministry  Parish Ministry  Parish Ministry

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# Individual Minor Registration (Under 21 Years Old)

Please complete a separate form for each minor member of the household. Check appropriate choices or print information as requested in the spaces below.

**Member Role:**  Daughter  Son  StepDaughter  Stepson  Granddaughter  Grandson

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Birthplace** \_\_\_\_\_

## Father's Full Name

Same as Family Registration

## Mother's Full Name

Same as Family Registration

**Health:**  Healthy  Ill \_\_\_\_\_  Disabled \_\_\_\_\_

**Ethnicity:**  Caucasian  African American  Hispanic  Korean

Filipino  Mixed  Other \_\_\_\_\_

**Religion:**  Roman Catholic  Eastern Rite Catholic  Eastern Orthodox  Protestant Christian

Jewish  Muslim  Other \_\_\_\_\_

## Sacramental Record

**Baptism** \_\_\_\_\_  
*Date* \_\_\_\_\_ *Church* \_\_\_\_\_ *City/State* \_\_\_\_\_

**Communion** \_\_\_\_\_  
*Date* \_\_\_\_\_ *Church* \_\_\_\_\_ *City/State* \_\_\_\_\_

**Confirmation** \_\_\_\_\_  
*Date* \_\_\_\_\_ *Church* \_\_\_\_\_ *City/State* \_\_\_\_\_

**School:** \_\_\_\_\_

**Current Grade Level:** \_\_\_\_\_

## Would you like information for:

**Catholic School:**  Yes **Religious Education:**  Yes

No  No

## Get Involved!

*Would you like to become involved in parish life? If so, check all areas of interest.*

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