



Saints Joseph & Michael Church  
 1314 Central Ave., Union City, NJ 07087  
 201-865-2325

Parish Registration Form

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

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

Would you like Offertory Envelopes? Yes\_\_\_\_\_ No\_\_\_\_\_

Today's Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Are you or anyone in your family interested in volunteering at various church functions and events? If you check "Yes", someone will reach out to you to possibly assist at a future parish event. Yes\_\_\_\_\_ No\_\_\_\_\_

(Including Name Above) First Name Last Name	Single, Married, Widow(er) Separated, Divorced	Sex Male Female	Date of Birth M/D/Yr	Catholic Yes / No	Baptized Yes / No	First Comm Yes / No	Confirmed Yes / No	Mass Attendance Weekly Monthly Seldom	Language Spoken at Home
					Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No		

**Dependents Living at Home**

First Name Last Name	Sex Male Female	Date of Birth M/D/Yr	Catholic Yes / No	Baptized Yes/ No	First Comm Yes / No	Confirmed Yes / No	Mass Attendance Weekly Monthly Seldom	Language Spoken at Home
				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		

Husband's Profession \_\_\_\_\_

Wife's Profession \_\_\_\_\_

If Retired, Former Occupation \_\_\_\_\_

Do your children attend Catholic School? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, which Catholic School? \_\_\_\_\_

New Registration? Yes\_\_\_ No\_\_\_ Update Only? Yes\_\_\_ No\_\_\_