

New Registration _____

Re-registration _____

Date: _____

Sacred Heart Church

76 Broad Street, Bloomfield, NJ 07003

PARISHIONER REGISTRATION FORM

(Please print clearly!)

Office Use

ParishSoft _____ CB _____

Family Information

Last Name: _____

Family Address: _____ Apt. # _____ City, State, ZIP: _____

Home Phone #: _____ Cell Phone #: _____

Family Email: _____ Emergency Phone #: _____

Individual Member Information

First & Last Names of Adult #1: _____ Maiden Name: _____
(if applicable)

Sex: Male / Female Date of birth: _____ First Language: _____ Other languages: _____

Catholic: Y / N If no, what faith? _____

If YES, please circle Sacraments received: Baptism, Reconciliation, Communion, Confirmation, Matrimony, Holy Orders

Marital Status- please circle: Single Married Separated Divorced Widow/Widower

Married: Date: _____ Church: _____ By Whom: _____

City: _____

Remarried: Date _____ Church: _____ By Whom _____

City: _____

Employer & Occupation: _____

Cell #: _____ Work #: _____ Email address: _____

First & Last Names of Adult #2: _____ Maiden Name: _____
(if applicable)

Sex: Male / Female Date of birth: _____ First Language: _____

Catholic: Y / N If no, what faith? _____

If YES, please circle Sacraments received: Baptism, Reconciliation, Communion, Confirmation, Matrimony, Holy Orders

Marital Status- please circle: Single Married Separated Divorced Widow/Widower

Married: Date: _____ Church: _____ By Whom: _____

City: _____

Remarried: Date _____ Church: _____ By Whom _____

City: _____

Employer & Occupation: _____

Cell #: _____ Work #: _____ Email address: _____

Re-registered Families

_____ Are you currently receiving Stewardship Envelopes?

_____ Do you use your Stewardship Envelopes?

_____ Do you wish to continue receiving Envelopes?

YES _____ NO _____ I am interested in Electronic Giving.

New Registrations

As Stewards of your Finances and commitment to the Parish, do you wish to receive Stewardship Envelopes?

YES _____ NO _____

Additional Member information on other side 

Children & Other Family Members Living at Your Home:

First Name: _____ Middle Name: _____ Last name: _____

Sex: Male Female Date of birth: _____ Place of birth: _____

Catholic: Y / N If no, what faith? _____ Please circle all Sacraments received: Baptism, Communion, Confirmation

Date of Baptism: _____ Baptized where? (Church & Town) _____

Relationship : _____ (son, daughter, etc.) Current school gr: _____ Current school: _____

First language: _____ Other language: _____

Religious Education: Grade levels or last grade level attended: _____ Where: _____ When: _____

First Name: _____ Middle Name: _____ Last name: _____

Sex: Male Female Date of birth: _____ Place of birth: _____

Catholic: Y / N If no, what faith? _____ Please circle all Sacraments received: Baptism, Communion, Confirmation

Date of Baptism: _____ Baptized where? (Church & Town) _____

Relationship : _____ (son, daughter, etc.) Current school gr: _____ Current school: _____

First language: _____ Other language: _____

Religious Education: Grade levels or last grade level attended: _____ Where: _____ When: _____

First Name: _____ Middle Name: _____ Last name: _____

Sex: Male Female Date of birth: _____ Place of birth: _____

Catholic: Y / N If no, what faith? _____ Please circle all Sacraments received: Baptism, Communion, Confirmation

Date of Baptism: _____ Baptized where? (Church & Town) _____

Relationship : _____ (son, daughter, etc.) Current school gr: _____ Current school: _____

First language: _____ Other language: _____

Religious Education: Grade levels or last grade level attended: _____ Where: _____ When: _____

First Name: _____ Middle Name: _____ Last name: _____

Sex: Male Female Date of birth: _____ Place of birth: _____

Catholic: Y / N If no, what faith? _____ Please circle all Sacraments received: Baptism, Communion, Confirmation

Date of Baptism: _____ Baptized where? (Church & Town) _____

Relationship : _____ (son, daughter, etc.) Current school gr: _____ Current school: _____

First language: _____ Other language: _____

Religious Education: Grade levels or last grade level attended: _____ Where: _____ When: _____

Do your children attend Catholic School? Y / N If yes, which school?: _____

Are you interested in OUR Religious Formation Program for your children? Y / N

If yes, please indicate what programs/grade for each child: _____

Thank you for registering with Sacred Heart Parish – please return form to the Rectory office, 76 Broad St. Bloomfield, NJ 07003 via mail, Sunday collection basket, drop in the locked mailbox outside the rectory front doors, or hand to a priest or deacon or to a volunteer in the Church Store.