

NEW PARISHIONER REGISTRATION FORM

ST. CECILIA CHURCH

90 Church St., Rockaway, NJ 07866

www.st-cecilia.org

DATE: _____

Envelope # _____

(Office Use)

Family Name _____

Interested in receiving The Beacon newspaper? _____

Single () Married by Priest ()

Civil Marriage ()

Divorced () Widowed ()

Address: _____ City: _____

State: _____ Zip: _____

Home phone # _____

Cell # (Mr.) _____

Cell # (Mrs.) _____

Email (Mr.) _____

Email (Mrs.) _____

ADULT INFORMATION

Head of Household or Husband's Name: _____ Nickname: _____

Birth Date	M/F	Religion	Sacraments Received				Occupation
			Baptism ()	Communion ()	Confirmation ()	Marriage ()	2nd Language
Church of Baptism:							
City & State:							

Wife's name: _____ Nickname: _____ Maiden Name: _____

Birth Date	M/F	Religion	Sacraments Received				Occupation
			Baptism ()	Communion ()	Confirmation ()	Marriage ()	2nd Language
Church of Baptism:							
City & State:							

Name(s) for correspondence (i.e., Mr. & Mrs. John Smith, Dr. John Smith, Ms. Jane Smith)

CHILDREN &/OR DEPENDENT INFORMATION (LIVING AT HOME)

*If registering after June 1st, list grade level entering in the Fall.

First Name (& last if different)	Birth Date	M/F	Grade*	Baptism	Church/ST/Yr	Communion	Confirmation

*Parish ministries are listed on the back. Please check off ministries you are interested in learning more about.