



CHURCH OF THE SACRED HEART  
 751 MAIN AVENUE  
 BAY HEAD, NEW JERSEY 08742  
 PHONE (732) 899-1398 • FAX (732) 899-2233

## SACRED HEART CHURCH REGISTRATION FORM

CURRENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### I. FAMILY INFORMATION *(Please Print)*

1. LAST NAME ONLY: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)
3. PHONE NUMBER(S): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. *(Check One)* \_\_\_ MARRIED \_\_\_ DIVORCED \_\_\_ SEPARATED \_\_\_ WIDOWED
5. If presently Married, is that Marriage recognized by the Catholic Church? \_\_\_ Yes \_\_\_ No
6. Does your family attend Sunday Mass regularly? \_\_\_ Yes \_\_\_ No
7. Do you wish to receive Church Envelopes? \_\_\_ Yes \_\_\_ No

### II. INFORMATION ABOUT HUSBAND AND WIFE (OR MAN/WOMAN IF SINGLE)

List 1 <sup>st</sup> Name and 2 <sup>nd</sup> Name if different	Date of Birth	Male or Female	Religion	Type of Work	Baptism Yes or No?	1st Communion Yes or No?	Confirmation Yes or No?

**III. INFORMATION ABOUT CHILDREN AT HOME**

List 1 <sup>st</sup> Name and 2 <sup>nd</sup> Name if different	Date of Birth	Male or Female	Baptism Yes or No?	1st Communion Yes or No?	Confirmation Yes or No?	Student or Working?

**IV. INFORMATION ABOUT OTHER ADULTS LIVING AT SAME ADDRESS**

List 1 <sup>st</sup> Name and 2 <sup>nd</sup> Name if different	Date of Birth	Male or Female	Baptism Yes or No?	1st Communion Yes or No?	Confirmation Yes or No?

**V. ANYONE HANDICAPPED or HOMEBOUND? \_\_\_\_Yes \_\_\_\_No**

**If Yes, please print name: \_\_\_\_\_**