



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 st Name and 2 nd 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 st Name and 2 nd 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 st Name and 2 nd 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: _____