



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

## REGISTRATION FORM

### Family Information: Please Print

FAMILY LAST NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE CHECK ONE:** MARRIED: \_\_\_\_ DIVORCED: \_\_\_\_ SEPERATED: \_\_\_\_ WIDOWED: \_\_\_\_ SINGLE: \_\_\_\_

IF MARRIED: DATE OF MARRIAGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

IS MARRIAGE RECOGNIZED BY THE CATHOLIC CHURCH: YES: \_\_\_\_ NO: \_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOES FAMILY ATTEND MASS REGULARLY: YES: \_\_\_\_ NO: \_\_\_\_

DO YOU WISH TO RECEIVE CHURCH ENVELOPES: YES \_\_\_\_ NO: \_\_\_\_

### MALE OF THE HOUSE HOLD

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: YES \_\_\_\_ NO \_\_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_\_ NO \_\_\_\_, CONFIRMATION YES \_\_\_\_ NO \_\_\_\_

### FEMALE OF THE HOUSE HOLD

FIRST NAME: \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: YES \_\_\_\_ NO \_\_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_\_ NO \_\_\_\_, CONFIRMATION YES \_\_\_\_ NO \_\_\_\_

**CHILDREN LIVING AT HOME**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

MALE: \_\_\_ FEMALE: \_\_\_ GRADE \_\_\_ SCHOOL ATTENDING \_\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: YES \_\_\_ NO \_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_ NO \_\_\_, CONFIRMATION YES \_\_\_ NO \_\_\_

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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

MALE: \_\_\_ FEMALE: \_\_\_ GRADE \_\_\_ SCHOOL ATTENDING \_\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: YES \_\_\_ NO \_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_ NO \_\_\_, CONFIRMATION YES \_\_\_ NO \_\_\_

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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

MALE: \_\_\_ FEMALE: \_\_\_ GRADE \_\_\_ SCHOOL ATTENDING \_\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: YES \_\_\_ NO \_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_ NO \_\_\_, CONFIRMATION YES \_\_\_ NO \_\_\_

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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

MALE: \_\_\_ FEMALE: \_\_\_ GRADE \_\_\_ SCHOOL ATTENDING \_\_\_\_\_ RELIGION \_\_\_\_\_

BAPTIZED: YES \_\_\_ NO \_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_ NO \_\_\_, CONFIRMATION YES \_\_\_ NO \_\_\_

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**ADDITIONAL ADULTS LIVING AT THE CURRENT ADDRESS**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

MALE: \_\_\_ FEMALE: \_\_\_ RELIGION \_\_\_\_\_ SPECIAL NEEDS: \_\_\_\_\_

BAPTIZED: YES \_\_\_ NO \_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_ NO \_\_\_, CONFIRMATION YES \_\_\_ NO \_\_\_

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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

MALE: \_\_\_ FEMALE: \_\_\_ RELIGION \_\_\_\_\_ SPECIAL NEEDS: \_\_\_\_\_

BAPTIZED: YES \_\_\_ NO \_\_\_, 1<sup>ST</sup> COMMUNION YES \_\_\_ NO \_\_\_, CONFIRMATION YES \_\_\_ NO \_\_\_