

# St. Raphael—Holy Angels Parish

## Family Registration

3500 So. Broad Street, Hamilton, NJ 08610 (609) 585-7049

Reg. Date: \_\_\_\_\_

Env. #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Mailing Name (i.e., Mr. & Mrs. John Doe): \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Area Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Family E-mail: \_\_\_\_\_ Transferring from \_\_\_\_\_ Parish

### Individual Member Information

Parish Status: (Active or Inactive) \_\_\_\_\_

Role: (Head of House; Husband, Wife) \_\_\_\_\_

First Name/Nickname: \_\_\_\_\_ / \_\_\_\_\_

Gender: Male or Female \_\_\_\_\_

Maiden Name: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_

E-mail: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

First Language: \_\_\_\_\_

Parish Status: (Active or Inactive) \_\_\_\_\_

Role: (Head of House; Husband, Wife) \_\_\_\_\_

First Name/Nickname: \_\_\_\_\_ / \_\_\_\_\_

Gender: Male or Female \_\_\_\_\_

Maiden Name: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_

E-mail: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

First Language: \_\_\_\_\_

### Sacramental Information: (Add Date if known)

Church: \_\_\_\_\_

Baptism  Catholic  Eucharist  Reconcil  Confirm   
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Single, Married, Separated, Divorced, Annulled)

Marital Status: \_\_\_\_\_ Valid Catholic Marriage? \_\_\_\_\_

Are there any members of your household who would like to be visited by a priest? Yes \_\_\_\_\_ or No \_\_\_\_\_

### Sacramental Information: (Add Date if known)

Church: \_\_\_\_\_

Baptism  Catholic  Eucharist  Reconcil  Confirm   
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Single, Married, Separated, Divorced, Annulled)

Marital Status: \_\_\_\_\_ Valid Catholic Marriage? \_\_\_\_\_

Are there any members of your household who would like to be visited by a priest? Yes \_\_\_\_\_ or No \_\_\_\_\_

### Dependent Children Information

Relationship to Head of Household: (Son, Daughter, etc.)

First & Last Name: \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Check if Sacrament Received: Baptism \_\_\_\_\_ Catholic \_\_\_\_\_ Eucharist \_\_\_\_\_ Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_

Add Date/Parish (if known): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

Relationship to Head of Household: (Son, Daughter, etc.)

First & Last Name: \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Check if Sacrament Received: Baptism \_\_\_\_\_ Catholic \_\_\_\_\_ Eucharist \_\_\_\_\_ Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_

Add Date/Parish (if known): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_