

PARISH REGISTRATION FORM
St. Cecilia's Church
10 Kingston Lane
Monmouth Junction, NJ 08852

DATE: _____

ENVELOPE NO. _____

FAMILY NAME _____

ADDRESS _____

CITY, STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

WIFE'S MAIDEN NAME _____

HEAD of HOUSE E:Mail _____

SPOUSE E:Mail _____

OCCUPATION A _____

 B _____

I AM INTERESTED IN SERVING THE PARISH BY PARTICIPATING IN THE FOLLOWING AREAS: (Please Circle)

Reader at Mass	A	B	C	D	E	F
Nursing Home Ministry	A	B	C	D	E	F
St. Vincent DePaul Society	A	B	C	D	E	F
Choir Member	A	B	C	D	E	F
Sacristan	A	B	C	D	E	F
Children's Liturgy of the Word	A	B	C	D	E	F
Religious Education Teacher	A	B	C	D	E	F
Pre-Baptism Team	A	B	C	D	E	F
R.C.I.A.	A	B	C	D	E	F
Adult Altar Server (Daily Mass)	A	B	C	D	E	F
Youth Altar Server - 4th - 12th Grade	A	B	C	D	E	F
Separated & Divorced Catholics	A	B	C	D	E	F
Linen Ministry	A	B	C	D	E	F

KEY: A = Head of House, B = Spouse, C through F = Dependent Children

FIRST NAME	1. MALE 2. FEMALE	DATE OF BIRTH	NATION-ALITY	RELIGION	BAPTISM	FIRST EUCHARIST	CONFIRMATION	1. MARRIED 2. SINGLE 3. WIDOW(ER) 4. DIVORCED	DATE OF MARRIAGE	CHURCH & PLACE of MARRIAGE
					CHURCH & PLACE	CHURCH & PLACE	CHURCH & PLACE			
A (HEAD OF HOUSE)										
B (SPOUSE)										

DEPENDENT CHILDREN - ESSENTIAL THAT DEPENDENTS OVER 18 YRS. MUST BE REGISTERED ON THEIR OWN.	NAME OF PUBLIC/CATHOLIC SCHOOL	
	GRADE/LEVEL	
C		
D		
E		
F		

LIST ADDITIONAL CHILDREN ON REVERSE SIDE

NOTES: