

St. Catharine- St. Margaret Parish Family Registration Form

Please complete the following form. Once complete, please save a copy of this form on your computer. You may then--

Print and mail the form to: or Email the form to:
 St. Catharine Church
 215 Essex Avenue ContactUs@stcatharine-stmargaret.org
 Spring Lake, NJ 07762

Date:

Family Information

Family Last Name	Mailing Label Name (e.g., Mr. and Mrs. John Doe, John and Mary Doe, etc.)
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Street Address

City, State	Zip
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Mailing Address (if different from above)

Primary Phone	Cell Phone	Family Email
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Is there someone who is residing with you who should be on our Communion/Sick Call List? Yes No Name _____

We have two cemeteries in the parish. Do you own a Cemetery Plot? Yes No Here _____ Elsewhere _____

Are there members of your family enrolled in St. Catharine School? Yes No

Are there members of your family enrolled in our Religious Education Program? Yes No

How would you like to contribute? Contribution Envelopes Electronic Giving (Parish Giving) I would like to contribute in another way
Beginning in January of 2020 we will only be sending contribution envelopes to those requesting them

My Volunteer Interests are:

Family Members

*Please only include members residing at your residence.
Adult children should register with their local parish.*

Sacraments: Please enter the date the family member received the sacrament, if the date isn't known, just indicate if the sacrament was received.

Family Members (including self)	Maiden Name	Family Relationship	Sex M/F	Date of Birth MM/DD/YYYY	Date of Marriage MM/DD/YYYY	Marriage Recognized by RC Church Y/N	Religion	Baptism Y/N or MM/YY	First Communion Y/N or MM/YY	Confirmation Y/N or MM/YY

Please include any additional information you would like to share here:

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Mail

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