

The Catholic Community of St. Joseph, North Plainfield, New Jersey

Family Name _____

Phone Number (_____) _____

Street Address _____

Cell Number (_____) _____

_____ City State Zip

Listed _____ Unlisted _____

Head of Household Occupation _____

E-mail Address _____

List all members of Family including self	Wife's Maiden Name and/or last name of Family Member if different from Family Name given above	Family Relationship Use letter code: H - Husband W - Wife S - Son D - Daughter P - Parent	Sex	Date of Birth	Marital Status Use code: M-married S-single D-divorced W idow	Date of Marriage	Is Marriage recognized by Catholic Church? Use code: Y / N	Religion Use code Below:	Baptism Use code: Y / N	First Communion Use code: Y / N	Confirmation Use code: Y / N	1-Homebound or 2-Handicap Use number codes
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Please use following codes for **Religion**: RC-Roman Catholic, P-Protestant, J-Jewish, O-Orthodox
 1 for Homebound, 2 for Handicap—use both numbers if applicable

INDICATE AN INTEREST IN ANY MINISTRY _____

Anyone over age of 18 and residing at this address must register independently

ENVELOPE # _____ DO YOU WISH TO RECEIVE ENVELOPES (Y) _____ (N) _____

Date of registration _____