

# St. Michael the Archangel Church, Lyndhurst, New Jersey Parish Registration Form

Date of Registration (*Today's Date*) \_\_\_\_\_, 20 \_\_\_\_\_

**PLEASE PRINT**

Last Name \_\_\_\_\_ Wife's (your) Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, \_\_\_\_\_ Zip \_\_\_\_\_

Mail sent to your home should be addressed as follows:

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

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ email: \_\_\_\_\_

Cell phone (*optional*): (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Those living in your household:

	Your First Name	Spouse's First Name	Child	Child	Child	Child
<b>NAME:</b>						
Date of Birth						
Country of Birth						
Baptism? Yes/No						
Holy Communion? Yes/No						
Confirmation? Yes/No						
Married in Catholic Church? Yes/No						
Speak English? Yes/No						
Other Languages spoken?						
Occupation? School? Retired? or shut-in?						

*Indicate others living in your household on the 2nd page:*

*Others living in your household:*

<b>NAME:</b>						
Relationship						
Date of Birth						
Country of Birth						
Baptism? Yes/No						
Holy Communion? Yes/No						
Confirmation? Yes/No						
Married in Catholic Church? Yes/No						
Speak English? Yes/No						
Other Languages spoken?						
Occupation? School? Retired? or shut-in?						