

**HOLY FAMILY CHURCH
P.O. BOX 56
KEYPORT, NJ 07735
732-264-1484**

FAMILY INFORMATION

DATE OF REGISTRATION: _____

Last Name: _____ First Name(s): _____
Male/husband Female/wife

Mail as: Mr. & Mrs. _____ Mr. _____ Mrs. _____ Ms. _____ Professional Title _____

Residence Street Address: _____

City: _____ State: N.J. Zip: _____

Mailing address if different from Residence: _____

Home Phone: _____ Emergency Phone: _____

Cell Phone: _____ Work Phone: _____

Contact Email: _____ Envelope # _____

INDIVIDUAL MEMBER INFORMATION

Check One: Head of Household _____ Husband _____ Wife _____ Male _____ Female _____ DOB _____

First Name: _____ Middle: _____ Last: _____

Work Phone/Cell Phone: _____ / _____

First Language: _____

Occupation/Employer: _____ / _____

SACRAMENTS

Baptized Catholic? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Communion? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Confirmation? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Married? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Marital Status: Valid Marriage by Priest/Deacon? Yes ___ No ___

Single: _____ Separated: _____ Divorced: _____ Annulled: _____

Please turn over 

Check One:

Relationship to head of household: Spouse _____ Son _____ Daughter _____ Other _____

Maiden Name: _____

_____ M _____ F _____ DOB _____ / _____ / _____
First Name M. Last (if different)

Check Sacrament(s) Received

Baptized Catholic? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Communion? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Confirmation? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Check One:

Relationship to head of household: Spouse _____ Son _____ Daughter _____ Other _____

_____ M _____ F _____ DOB _____ / _____ / _____
First Name M. Last (if different)

Check Sacrament(s) Received

Baptized Catholic? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Communion? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Confirmation? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Check One:

Relationship to head of household: Spouse _____ Son _____ Daughter _____ Other _____

_____ M _____ F _____ DOB _____ / _____ / _____
First Name M. Last (if different)

Check Sacrament(s) Received

Baptized Catholic? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Communion? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Confirmation? Yes ___ No ___ Date: _____ Church: _____ City _____ State _____

Check One:

Relationship to head of household: Spouse _____ Son _____ Daughter _____ Other _____

_____ M _____ F _____ DOB _____ / _____ / _____
First Name M. Last (if different)

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