

Please print clearly, using formal/legal names.

OUR LADY OF PERPETUAL HELP PARISH ♦ REGISTRATION FORM

Family Name _____ Date _____ Home Phone (____) _____

Address _____ Cell Phone 1 _____ Cell Phone 2 _____

City _____ ST _____ Zip _____ Email _____

Marital Status:

Single Divorced Widowed Divorced/Remarried
 Married: By Catholic Priest Civilly Other (Specify)

If registered in another parish, where? _____

How often do you attend Mass? Regularly Occasionally Never

Date _____ Place _____

Do you wish to receive offering envelopes? Yes No

City _____ ST _____ Zip _____

Do you wish to receive the Catholic Star Herald? Yes No

Maiden Name _____

	ADULT 1	ADULT 2	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Title (Mr./Mrs/Ms/Miss/Dr)						
First & Middle Names						
Last Name (if different)						
Ethnicity						
Gender						
Date of Birth						
Place of Birth						
Religion						
Baptized (Y/N)						
Date						
Church						
City/State						
Communion Date & Place						
Confirmation Date & Place						
Occupation/School & Grade						

FOR OFFICE USE Church ID: _____ Envelope #: _____ Faith Formation: _____

Address: 146 S. Pitney Rd., Bldg. 1, Galloway, NJ 08205 ♦ Phone: 609-652-0008 ♦ Fax: 609-652-0883 ♦ Email: parishoffice@OLPHparish-nj.org