

268 OLD TAPPAN RD.
OLD TAPPAN, NJ 07675
201 · 664 · 0913

PARISH REGISTRATION FORM

ONCE COMPLETED, PLEASE RETURN TO PARISH OFFICE, OR EMAIL TO OFFICE@SPXOT.ORG

FAMILY INFORMATION

REGISTRATION DATE ____ / ____ / ____

FAMILY NAME _____ ENVELOPE NUMBER _____

HOME PHONE _____ EMERGENCY PHONE _____

FAMILY EMAIL _____ MAILING NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

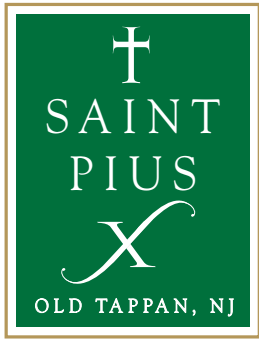
PUBLISH PHONE	PUBLISH ADDRESS	PUBLISH EMAIL	RECEIVE VISITS	RECEIVE CONTRIBUTION ENVELOPES
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INDIVIDUAL FAMILY MEMBER INFORMATION

NAME _____	ROLE _____
STATUS AT PARISH _____	CATHOLIC
NICKNAME _____	MAIDEN NAME _____
D.O.B ____ / ____ / ____ M F	BIRTHPLACE _____
CELL PHONE _____	WORK PHONE _____
FIRST LANGUAGE _____	HIGH SCHOOL GRAD YEAR _____
SPECIAL NEEDS _____	

SACRAMENT INFORMATION ____ / ____ / ____

BAPTISM	DATE ____ / ____ / ____	LOCATION _____
RECONCILIATION PREP	DATE ____ / ____ / ____	LOCATION _____
FIRST EUCHARIST	DATE ____ / ____ / ____	LOCATION _____
CONFIRMATION	DATE ____ / ____ / ____	LOCATION _____
CATHOLIC MARRIAGE	DATE ____ / ____ / ____	LOCATION _____



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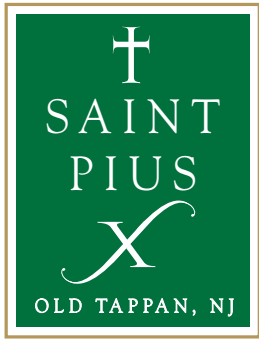
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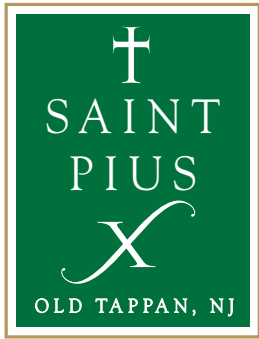
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