

OUR LADY OF THE LAKE CHURCH

294 Sparta Avenue, Sparta, NJ 07871 (973) 729-6107 www.ourladyofthelake.org

PARISH REGISTRATION FORM

Dear Parishioner:

Thank you for taking the time to complete and return this parish census form. This information enables us to serve you better, and run our church more efficiently in the Catholic community.

> THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE FOR PASTORAL USE ONLY.

PLEASE PRINT CLEARLY

PRIMARY/CELL NO	E-MAIL	
STREET ADDRESS		
PO BOX OR APARTMENT#_		
CITY	STATE	ZIP
	on to Consider: Please circle any o	
Ministry/Group ParticipationUshersLectors	on to Consider: Please circle any of Catechists • Catechists • Sacristy Care	of interest below: • Arimathea (assistii with funerals)
Ministry/Group Participation • Ushers	on to Consider: Please circle any o	of interest below: • Arimathea (assisti
Ministry/Group ParticipationUshersLectorsEucharistic	on to Consider: Please circle any of Catechists Catechists Sacristy Care Prayer Groups	Arimathea (assisti with funerals) Social ministry effe

ADULT FAMILY MEMBER #1 – Head of Household (Please print legibly)

FIRST, MIDDLE, LAST					
GENDER □ MALE	DATE OF BIRTH	PLACE OF BIRTH			
☐ FEMALE: MAIDEN NAME:		. 2 62 61 2			
	ACRAMENTS				
BAPTISM? ☐ YES ☐ NO	MARITAL STATUS:	MARITAL STATUS: Single Engaged Married Separated Divorced Annulled Remarried			
If not Catholic, denomination	— MARTIAL STATOS. □ Single				
Church of Baptism	── │ □ Engaged				
City, State					
1 ST COMMUNION? ☐ YES ☐ NO					
CONFIRMATION? ☐ YES ☐ NO					
	☐ Widowed				
DATE OF MARRIAGE	Were you mar	ried by a Catholic Priest?			
$M\;M\;D\;D\;Y\;Y$					
ADULT FAMILY MEMBER #2 – (Please print le	gibly)				
FIRST MIDDLE LAST					
FIRST, MIDDLE, LAST					
GENDER MALE	DATE OF BIRTH	PLACE OF BIRTH			
FEMALE: MAIDEN NAME:	DATE OF BIRTH	PLACE OF BIRTH			
RELATIONSHIP TO MEMBER #1					
	ACRAMENTS				
BAPTISM? ☐ YES ☐ NO	MADITAL STATUS				
If not Catholic, denomination	MARITAL STATUS: □ Single				
Church of Baptism	— ☐ Engaged				
City, State	── ☐ Married				
1 ST COMMUNION? ☐ YES ☐ NO	☐ Separated				
CONFIRMATION?	☐ Divorced☐ Annulled				
	□ Remarried				
	□ Widowed				

You will be asked to provide proof of Sacraments when your child enters Religious Education Classes or in Sacramental years.

Dependent Child		للتلاذ ومحمد	it logioly/			
FIRST, MIDDLE, LAST	(PLEASE P	PRINT)				DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD				GENDER		PLACE OF BIRTH
				□ MALE	☐ FEMALE	
SACRAMENTS RECEIVE	ED:					
BAPTISM?	☐ YES	□ NO	Church of Baptism:			City, State
FIRST COMMUNION?	□ YES	\square NO				
CONFIRMATION?	□ YES	□NO	Church of Confirmation:			City, State
Dependent Child	#2 (PI	ease prir	nt legibly)			
FIRST, MIDDLE, LAST	(PLEASE P	'RINT)				DATE OF BIRTH
RELATIONSHIP TO HEA	AD OF HOU	SEHOLD		GENDER		PLACE OF BIRTH
				□ MALE	□ FEMALE	
SACRAMENTS RECEIVE						St. 2
BAPTISM?	☐ YES		Church of Baptism:			City, State
FIRST COMMUNION?	☐ YES	□NO				
CONFIRMATION?	□YES	□NO	Church of Confirmation:			City, State
Dependent Child	L#3 (Ple	ease prin	t leaibly)			
	—حدنت					
FIRST, MIDDLE, LAST ((PLEASE P	•	<i>5 77</i>			DATE OF BIRTH
FIRST, MIDDLE, LAST (PRINT)		GENDER		DATE OF BIRTH PLACE OF BIRTH
		PRINT)			□ FEMALE	
	AD OF HOU	PRINT)			□ FEMALE	
RELATIONSHIP TO HEA	AD OF HOU	PRINT)	Church of Baptism:	□ MALE		PLACE OF BIRTH
RELATIONSHIP TO HEA	AD OF HOU /ED: □ YES	PRINT)		□ MALE		PLACE OF BIRTH
RELATIONSHIP TO HEAD SACRAMENTS RECEIVE BAPTISM?	AD OF HOU	PRINT)		□ MALE		PLACE OF BIRTH City, State
RELATIONSHIP TO HEAD SACRAMENTS RECEIVE BAPTISM? FIRST COMMUNION?	AD OF HOU	PRINT) DISEHOLD DISENO	Church of Baptism:	□ MALE		PLACE OF BIRTH City, State
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If you have an additional adult family member living in your home such as an elderly
parent or adult special needs son/daughter in your care, please list them here:

First & Last Name, Relationship, Birthdate

