



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

FAMILY INFORMATION

FAMILY LAST NAME _____

PRIMARY/CELL NO. _____ E-MAIL _____

STREET ADDRESS _____

PO BOX OR APARTMENT# _____

CITY _____ STATE _____ ZIP _____

Number of Adults living in household: _____ Number of Minor children in household: _____

Ministry/Group Participation to Consider: Please circle any of interest below:

- Ushers
- Lectors
- Eucharistic Ministers
- Choir
- Altar Servers
- Catechists
- Sacristy Care
- Prayer Groups
- OCIA
- Legion of Mary
- Knights of Columbus
- Arimathea (assisting with funerals)
- Social ministry efforts are announced seasonally

OFFICE USE ONLY: Registration Date _____

Envelope # _____

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

FIRST, MIDDLE, LAST		
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE: MAIDEN NAME: _____	DATE OF BIRTH	PLACE OF BIRTH
SACRAMENTS		
BAPTISM? <input type="checkbox"/> YES <input type="checkbox"/> NO If not Catholic, denomination _____ Church of Baptism _____ City, State _____ 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO CONFIRMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>MARITAL STATUS:</u> <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed	
DATE OF MARRIAGE _____ M M D D Y Y Y Y Were you married by a Catholic Priest? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ADULT FAMILY MEMBER #2 – (Please print legibly)

FIRST, MIDDLE, LAST		
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE: MAIDEN NAME: _____	DATE OF BIRTH	PLACE OF BIRTH
RELATIONSHIP TO MEMBER #1		
SACRAMENTS		
BAPTISM? <input type="checkbox"/> YES <input type="checkbox"/> NO If not Catholic, denomination _____ Church of Baptism _____ City, State _____ 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO CONFIRMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>MARITAL STATUS:</u> <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed	

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

Dependent Child #1 (Please print legibly)

FIRST , MIDDLE, LAST (PLEASE PRINT)		DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
SACRAMENTS RECEIVED: BAPTISM? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Baptism: _____ City, State _____ FIRST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO CONFIRMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Confirmation: _____ City, State _____		

Dependent Child #2 (Please print legibly)

FIRST , MIDDLE, LAST (PLEASE PRINT)		DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
SACRAMENTS RECEIVED: BAPTISM? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Baptism: _____ City, State _____ FIRST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO CONFIRMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Confirmation: _____ City, State _____		

Dependent Child #3 (Please print legibly)

FIRST , MIDDLE, LAST (PLEASE PRINT)		DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
SACRAMENTS RECEIVED: BAPTISM? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Baptism: _____ City, State _____ FIRST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO CONFIRMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Confirmation: _____ City, State _____		

Dependent Child #4 (Please print legibly)

FIRST , MIDDLE, LAST (PLEASE PRINT)		DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
SACRAMENTS RECEIVED: BAPTISM? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Baptism: _____ City, State _____ FIRST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO CONFIRMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO Church of Confirmation: _____ City, State _____		

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

