



Saints Joseph & Michael Church
1314 Central Ave., Union City, NJ 07087
201-865-2325

Parish Registration Form

PLEASE PRINT CLEARLY

Name_____

Address_____ Apt_____

City_____ State_____ Zip_____

Would you like Offertory Envelopes? Yes_____ No_____

Today's Date_____

Home Phone_____ Cell_____

Email_____

Are you or anyone in your family interested in volunteering at various church functions and events? If you check "Yes", someone will reach out to you to possibly assist at a future parish event. Yes_____ No_____

(Including Name Above) First Name Last Name	Single, Married, Widow(er) Separated, Divorced	Sex Male Female	Date of Birth M/D/Yr	Catholic Yes / No	Baptized Yes / No	First Comm Yes / No	Confirmed Yes / No	Mass Attendance Weekly Monthly Seldom	Language Spoken at Home
					Yes / No	Yes / No	Yes / No		
					Yes / No	Yes / No	Yes / No		

Dependents Living at Home

First Name Last Name	Sex Male Female	Date of Birth M/D/Yr	Catholic Yes / No	Baptized Yes/ No	First Comm Yes / No	Confirmed Yes / No	Mass Attendance Weekly Monthly Seldom	Language Spoken at Home
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		
				Yes / No	Yes / No	Yes / No		

Husband's Profession_____

Do your children attend Catholic School? Yes_____ No_____

Wife's Profession_____

If yes, which Catholic School?_____

If Retired, Former Occupation_____

New Registration? Yes____ No____ Update Only? Yes____ No____