

PARISH REGISTRATION FORM

CORPUS CHRISTI CHURCH, 63 SYLVAN LANE, WILLINGBORO, NJ 08046, PHONE: 609-877-5322

INSTRUCTIONS

- A. Checking **UNLISTED** after the phone number means your number is **not to be published**.
- B. All **dates** require **Month, Day & Year**. Indicate **Church** where Sacrament was received. Check **Yes** if Sacrament was **received**; **No** if **not received**.

FAMILY NAME LAST _____ **FIRST** _____ **SPOUSE** _____

TITLE(S): MR./MRS. MR. MRS. MS. MISS DR./MRS. MR./DR. DR./DR.

PO BOX _____ **STREET ADDRESS** _____ **CITY** _____

STATE _____ **ZIP** _____ **PHONE #** _____ **UNLISTED**

C. MARITAL STATUS*: **CHU MAR** **MAR** **SING** **DIV** **SEP** **WID** **JP**

***Marital status** means the following: **CHU MAR** – Married by a Catholic Priest; **MAR** – Married in a non-Catholic Church; **SING** – Single; **DIV** – Divorced; **SEP** – Separated; **WID** – Widowed/Widower; **JP** – Married by a Mayor/Justice of the Peace

DO YOU WANT ENVELOPES? **YES** **NO**

FAMILY INFORMATION

	HEAD	SPOUSE	CHILD	CHILD	CHILD
FIRST NAME					
LAST NAME*					
MAIDEN NAME					
MARITAL STATUS					
RELIGION					
OCCUPATION					
CH SOCIETIES					
GRADE OF CHILD					

* IF DIFFERENT

After completing this form, you may print a copy for your records before you submit it to the Parish.

PARISH REGISTRATION FORM

FIRST NAME					
SEX	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE
BIRTH DATE (mm/dd/yyyy)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
BAPTISM DATE (mm/dd/yyyy) CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____
1st COMMUNION DATE (mm/dd/yyyy) & CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____
CONFIRMATION DATE (mm/dd/yyyy) & CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____
MARRIAGE DATE (mm/dd/yyyy) & CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___ CHURCH: _____ CITY/STATE: _____
DISABILITY & DATE (mm/dd/yyyy)	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: ___/___/___
WHAT IS THE DISABILITY?	_____	_____	_____	_____	_____

ADDITIONAL FAMILY INFORMATION

	CHILD	CHILD	CHILD	OTHER	OTHER
FIRST NAME					
LAST NAME					
MAIDEN NAME					
MARITALSTATUS					
RELIGION					
OCCUPATION					
GRADE OF CHILD					
SEX	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE
BIRTH DATE (mm/dd/yyyy)	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _
BAPTISM DATE (mm/dd/yyyy) CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____
1st COMMUNION DATE (mm/dd/yyyy) & CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____
CONFIRMATION DATE (mm/dd/yyyy) & CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____
MARRIAGE (mm/dd/yyyy) & CHURCH & CITY/STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _ CHURCH: _____ CITY/STATE: _____
DISABILITY & DATE (mm/dd/yyyy)	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _ / _ / _
WHAT IS THE DISABILITY?	_____	_____	_____	_____	_____

Corpus Christi Church

New Parishioner Contact Preference Form



Corpus Christi Church has a Welcoming Committee. A member of the Welcoming Committee would like to contact you to provide you with a Welcome Packet and assist you with becoming familiar with our Parish. Please let us know your contact preferences below.

Your Name(s) _____

May a member of our Parish Welcoming Committee contact you? (Please check one.)

YES

NO

If you checked "YES" above, please indicate below how you would prefer that we contact you. (Please check the box for the contact method you prefer and provide your information to the right of the box.)

Telephone: _____ Daytime _____ Evening _____
(Area Code) (Area Code)

Email: _____

Which Mass will you most likely attend? (Please check one.)

5:00 PM (Saturday)

7:30 AM

9:30 AM

11:30 AM

Is English your preferred language? (Please check one.)

YES

NO

If you checked "NO" above, please indicate your preferred language(s) on the line below. We are a multi-cultural Parish and will do our best to contact you in the language you prefer.

Preferred Language: _____

THANK YOU AND WELCOME TO THE CORPUS CHRISTI PARISH FAMILY!