

ST. PETER THE APOSTLE PARISH

Parish Registration and Census Information



All information will be kept confidential and is for Church use only!

Last Name: _____

First Names(s) of Heads(s) of Household: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Unlisted? Yes No

Please choose one:

- Please send me/us contribution envelopes for weekly offerings.
- I/We prefer not to use contribution envelopes for weekly offerings.

If you would like to receive information on making your offerings through electronic giving, please provide your email address:

Email: _____

or visit www.saint-peter.org/parishpay.htm for more information.



Welcome to St. Peter the Apostle Parish!

Our website: www.saint-peter.org

Our e-mail address: info@saint-peter.org

Head(s) of Household

Household Role <small>(e.g. Husband, Wife)</small>		
Title <small>(e.g. Mr., Mrs., Miss, Dr.)</small>		
First Name		
Last Name		
Suffix <small>(e.g. Sr., Jr., III)</small>		
Email Address		
Date of Birth <small>Month-Day-Year</small>		
Special Needs <small>(e.g. Homebound, Deaf)</small>		
Work Phone		
Cell Phone		
Occupation		
Language(s) Spoken <small>Other than English</small>		
Ethnic Origin <small>(e.g. Croatian, Italian/German, Irish/English/French)</small>		
Maiden Name <small>If applicable</small>		
Religion		
Sacraments	<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> First Communion <input type="radio"/> Confirmation	<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> First Communion <input type="radio"/> Confirmation
Marital Status <small>Single, Married, Separated, Divorced, Widowed</small>		
Date of Marriage <small>Month-Day-Year</small>		
Married by <small>Priest, Minister, or Civil</small>		
Groups/Ministries <small>you've already participated in</small>		
Talents to Share <small>(e.g. Baking, Painting, Website Design)</small>		

Other Adults Living With You

Household Role <small>(e.g. Mother, Grandfather, Daughter)</small>		
Title <small>(e.g. Mr., Mrs., Miss, Dr.)</small>		
First Name		
Last Name		
Suffix <small>(e.g. Sr., Jr., III)</small>		
Email Address		
Date of Birth <small>Month-Day-Year</small>		
Special Needs <small>(e.g. Homebound, Deaf)</small>		
Work Phone		
Cell Phone		
Occupation		
Language(s) Spoken <small>Other than English</small>		
Ethnic Origin <small>(e.g. Croatian, Italian/German, Irish/English/French)</small>		
Maiden Name <small>If applicable</small>		
Religion		
Sacraments	<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> First Communion <input type="radio"/> Confirmation	<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> First Communion <input type="radio"/> Confirmation
Marital Status <small>Single, Married, Separated, Divorced, Widowed</small>		
Date of Marriage <small>Month-Day-Year</small>		
Married by <small>Priest, Minister, or Civil</small>		
Groups/Ministries <small>you've already participated in</small>		
Talents to Share <small>(e.g. Baking, Painting, Website Design)</small>		

Children Living at Home

Household Role <small>(e.g. Daughter, Son)</small>			
First Name			
Last Name			
Suffix <small>(e.g. Sr., Jr., III)</small>			
Date of Birth <small>Month-Day-Year</small>			
Special Needs <small>(e.g. Homebound, Deaf)</small>			
Email Address			
Cell Phone			
School			
Grade			
Language(s) Spoken <small>Other than English</small>			
Ethnic Origin			
Religion			
Sacraments	<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> First Communion <input type="radio"/> Confirmation	<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> First Communion <input type="radio"/> Confirmation	<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> First Communion <input type="radio"/> Confirmation

Print another page if you need to register more than 3 children.

Mail or drop off to:

St. Peter the Apostle Rectory
 445 Fifth Avenue
 River Edge, NJ 07661

For internal use:

Date received: _____

Welcome sent: _____

Envelopes initiated: _____

Data Processed: _____

Processed by: _____