

# ST. PETER THE APOSTLE PARISH

Parish Registration and Census Information



**PLEASE COMPLETE EACH SECTION OF THIS FORM!**

*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 to receive information on contributions through St. Peter's Online Giving Program. Please provide your email below for more information.

Email: \_\_\_\_\_



Welcome to St. Peter the Apostle Parish!

Our website: [www.saint-peter.org](http://www.saint-peter.org)

Our e-mail address: [info@saint-peter.org](mailto:info@saint-peter.org)

## Head(s) of Household—Please complete each section

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: \_\_\_\_\_