

Church of the Visitation Registration

Today's Date _____

FAMILY NAME _____

HomeAddress _____ City _____ State _____ Zip _____
Phone _____ or _____

OFFICE USE ONLY:
Envelope Number _____
In parish boundary? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date entered in computer _____
Initials _____

Your Name _____ (first) _____ (last) _____ (maiden) _____ Sex _____

Marital status: Married Single Divorced Separated Widowed Single Parent

If married, is your marriage recognized by the Catholic Church? yes no

Where were you married _____
Date of Birth ____/____/____ Religion ____ Baptized yes no 1st Comm. yes no Confirmation yes no

Occupation: _____ (If retired, state former occupation) _____
Highest level of Education to date _____ Special Training _____
Hobbies, Interests, Skills _____

Name of Spouse _____ (first) _____ (last) _____ (maiden) _____ Sex _____

Marital status: Married Single Divorced Separated Widowed Single Parent

If married, is your marriage recognized by the Catholic Church? yes no

Where were you married _____
Date of Birth ____/____/____ Religion ____ Baptized yes no 1st Comm. yes no Confirmation yes no

Occupation: _____ (If retired, state former occupation) _____
Highest level of Education to date _____ Special Training _____
Hobbies, Interests, Skills _____

Reason for registering in the Parish _____

Please complete reverse side

Names of children OR other household members: (list last name if different)

	Birthdate	Baptized	1st Comm.	Confirmed	Currently Attending Visitation
_____	___/___/___	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 ___	yes ___ no ___
_____	___/___/___	yes ___ no ___	yes ___ no ___	yes ___ no ___	yes ___ no ___

Special Needs? (List here if anyone at home has special needs, and may need a Communion call, etc.)

Thank you for joining the parish family of Church of the Visitation. It will be a pleasure to serve you and your Spiritual needs.

Please complete the form and then call Deacon Sal at
 732 477 0028 ext 218 to set up a welcome interview