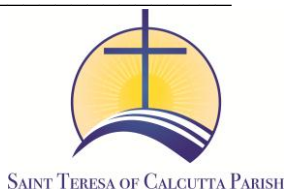
Env. # _____ Registration Date ___/___/___



Parish of St. Teresa of Calcutta

Family Registration Form

501 Brinley Avenue, Bradley Beach, NJ 07720 (732) 774-0456

Family Information

Previous Parish/ Place _____

Last Name _____ Mailing Names _____

Family Email _____

Home Phone ( ) - Emergency Phone ( ) -

Address Information

Address 1 _____

Address 2 _____

City _____ State _____ Zip/Postal _____

Donation Preference: **Weekly Envelopes_____** **Parish Online Giving link-** **Parish Giving Inc - Electronic Giving**

Adult Member Information – Head of Household

Full Name _____ Gender **M** / **F**

Nick Name _____ Date of Birth _____

Maiden-Name _____ Birth Place _____

Email _____ Cell _____

Religion _____

Baptized? ☐ Reconciliation? ☐ First Communion? ☐ Confirmed? ☐

Marital Status _____ Valid Catholic Marriage? ☐ Church /Place of Marriage _____

Adult Member Information – Spouse/ Other

Full Name _____ Gender **M** / **F**

Nick Name _____ Date of Birth _____

Maiden-Name _____ Birth Place _____

Email _____ Cell _____

Religion _____

Baptized? ☐ Reconciliation? ☐ First Communion? ☐ Confirmed? ☐

Marital Status _____ Valid Catholic Marriage? ☐ Church /Place of Marriage _____

Continued on Back…

Dependent Child Information - under Age 18 (Independent children over 18 should register separately)

First Dependent Child

Full Name _____ Gender **M** / **F**

Nick Name _____ Date of Birth _____

Relationship _____ Birth Place _____

Special Needs _____ Religion _____

Baptized? ☐ Reconciliation? ☐ First Communion? ☐ Confirmed? ☐

Second Dependent Child

Full Name _____ Gender **M** / **F**

Nick Name _____ Date of Birth _____

Relationship _____ Birth Place _____

Special Needs _____ Religion _____

Baptized? ☐ Reconciliation? ☐ First Communion? ☐ Confirmed? ☐

Third Dependent Child

Full Name _____ Gender **M** / **F**

Nick Name _____ Date of Birth _____

Relationship _____ Birth Place _____

Special Needs _____ Religion _____

Baptized? ☐ Reconciliation? ☐ First Communion? ☐ Confirmed? ☐

Fourth Dependent Child

Full Name _____ Gender **M** / **F**

Nick Name _____ Date of Birth _____

Relationship _____ Birth Place _____

Special Needs _____ Religion _____

Baptized? ☐ Reconciliation? ☐ First Communion? ☐ Confirmed? ☐

Please return this completed form to Rectory by mail, by email at parishsecretary@stocp.org , , or in the collection basket on Sundays.