



The Church of the Sacred Heart

343 South Broad Street, Trenton, NJ 08608

www.trentonsacredheart.org

609.393.2801

Church ID # _____
(official use only)

Welcome!

"Whatever your present status in the Catholic Church, whatever your current family or marital situation, whatever your past or present religious affiliation, whatever your personal history, age, background, or race, whatever your own self-image or esteem, you are invited, welcomed, accepted, loved and respected at The Church of the Sacred Heart."

Parish Registration Form

Date: _____

Family Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone #: (_____) _____ - _____ Fax#: (_____) _____ - _____

Adult #1 - Name _____ Birth date ____/____/____

Adult #1 - Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Email: _____

Please print clearly

Occupation: _____ Religion: _____

Baptism: Yes ___ No ___ Communion: Yes ___ No ___ Confirmation: Yes ___ No ___

Adult #2 - Name: _____ Birth date: ____/____/____

Adult #2 - Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Email: _____

Occupation: _____ Religion: _____

Relationship to Adult #1: _____

Baptism: Yes ___ No ___ Communion: Yes ___ No ___ Confirmation: Yes ___ No ___

Please Complete Reverse Side

Marital Information

Marital Status: Single _____ Married _____ Widow _____ Divorced _____ Separated _____

Date of Marriage ___/___/___ by a Priest or Deacon _____ Civil Authority _____ or Minister _____

Church Name: _____ City _____ State _____

If Divorced, was the Marriage annulled? Yes _____ No _____

If Married by Civil Authority or in another denomination, was the Marriage convalidated (Blessed in the Catholic Church)? Yes _____ No _____

Additional Information

_____ I would like to speak to the pastor about blessing my marriage.

_____ I am an existing member of the Church of the Sacred Heart and the above noted Information reflects changes to my census.

_____ I would like to speak to the pastor about annulment.

_____ I am new and would like to receive envelopes.

_____ I would like to speak to the pastor about baptism, communion or confirmation.

_____ I am new and would not like to receive envelopes.

_____ I would like information on R.C.I.A.

_____ I would like to participate in a ministry.

_____ I would like information on Religious Education Classes - Grades K-8.

Name of ministry? _____

***Please indicate how you would like your envelopes addressed:** _____

Additional Residents in your Household

3. Name: _____ Relationship to #1 _____ Birth date: ___/___/___

Baptism: Yes ___ No ___ First Communion: Yes ___ No ___ Confirmed: Yes ___ No ___

4. Name: _____ Relationship to #1 _____ Birth date: ___/___/___

Baptism: Yes ___ No ___ First Communion: Yes ___ No ___ Confirmed: Yes ___ No ___

5. Name: _____ Relationship to #1 _____ Birth date: ___/___/___

Baptism: Yes ___ No ___ First Communion: Yes ___ No ___ Confirmed: Yes ___ No ___

6. Name: _____ Relationship to #1 _____ Birth date: ___/___/___

Baptism: Yes ___ No ___ First Communion: Yes ___ No ___ Confirmed: Yes ___ No ___

***** Please list others living in your household and attach to this form *****
****All information will be kept confidential****