



PARISH REGISTRATION FORM
St. Joseph Church
 454 Germantown Road
 West Milford NJ 07480
 Phone: 973 697-6100 Fax: 973 697-3716
 Web Site: www.stjoseph-nj.org

Family Name: _____

Mr. & Mrs. Mr. Mrs. Miss Ms.

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different from Street): _____

Home Phone: _____ check if unlisted

Email: _____ **Send to Email instead of mail when possible? YES/NO**

Male

Female

First Name:	First Name:
Birthdate:	Maiden Name:
Religion:	Birthdate:
Marital Status:	Religion:
Occupation:	Marital Status:
Cell Phone:	Occupation:
Work Phone:	Cell Phone:
E-Mail Address:	Work Phone:
	E-Mail Address:

YOUR SUPPORT MAKES A DIFFERENCE



I am interested in Online Giving information: YES/NO

OFFICE USE ONLY

Date of Registration: _____ **Envelope #:** _____

PLEASE SEE OTHER SIDE

Children and Other Adults in Household

Name: Gender: Male/Female	Date of Birth: Religion:	Circle sacraments recorded at St. Joseph: BAPTISM 1 ST COMMUNION CONFIRMATION
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We have an excellent homebound ministry – is there anyone homebound? YES/NO

TALENTS: We would like to volunteer the following skills: _____

I WOULD LIKE MORE INFORMATION ABOUT (PLEASE CIRCLE):

Altar Serving
Eucharistic Ministry
Food Pantry Volunteer
Generations of Faith Volunteer
Knights of Columbus

Lectoring
Music Ministry
Pre-Cana
Rosarians
Small Faith Community

Ushering & Welcoming
Visiting of the Sick
Youth Ministry