Faith Formation

First Time Registration

St. Joseph Church · 454 Germantown Road · West Milford NJ · 07480

Please complete one form for each child.

Name of Child: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____

Name & Address (including town & state) of Church where child previously attended Faith Formation classes:

_____

_____

Grades completed in Faith Formation: _____

Baptism Date of Baptism: _____

Church: _____

Address: _____
City State Zip

Please return a copy of your child's baptism certificate with this form.

Penance Date of Penance: _____

Church: _____

Address: _____
City State Zip

First Holy Communion Date of First Holy Communion: _____

Church: _____

Address: _____
City State Zip

Please remember to submit a copy of your child's baptism certificate with this form.

Thank you.