Faith Formation

First Time Registration

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

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: _____
Church: _____
Address: _____
City/State/Zip: _____

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

Penance Date: _____
Church: _____
Address: _____
City/State/Zip: _____

First Holy Communion Date: _____
Church: _____
Address: _____
City/State/Zip: _____

Please complete this form for each child who is being registered
for the first time at St. Joseph Church.
Please remember to submit a copy of your child's baptism certificate with this form.
Thank you.