



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:
Birthday:	Birthday:
Religion:	Religion:
Marital Status:	Marital Status:
Occupation:	Occupation:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-Mail Address:	E-Mail Address:

Language(s) spoken in the home: _____

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
Name: Gender: Male/Female	Date of Birth: Religion:	Circle sacraments recorded at St. Joseph: BAPTISM 1 ST COMMUNION CONFIRMATION
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TALENTS: We would like to volunteer the following skills: _____

MINISTRIES: Please list all ministries members are currently involved in:

PLEASE CIRCLE THE MINISTRIES YOU WOULD LIKE MORE INFORMATION ABOUT: Altar Serving, Eucharistic Ministry, Food Pantry, Generations of Faith, Knights of Columbus, Lectoring, Music Ministry, Pre-Cana, Rosarians, Small Faith Community, Ushering, Visiting of the Sick, Youth Ministry



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