

CHRIST THE KING PARISH REGISTRATION FORM OUR LADY STAR OF THE SEA CHURCH

HOLY TRINITY CHURCH

Family Last Name _____

Date: _____

Address _____

City, State, Zip _____

Telephone _____ Cellular _____

E-Mail Address _____

Are you or a family member homebound? Yes No

Marital Status Single Married Divorced Separated Widowed

Were you married by a (circle one) Catholic Priest Minister Justice of the Peace Other _____

Attend Mass Daily Weekly Rarely Never

Languages Spoken _____

Family Member Info (Full Names)	Religion	Birth Date	Baptism	Communion	Confirmation	Marriage Date	Occupation or School	Committees or Ministries you are interested in joining	Work and/or Cell #
Husband or Head of Household			Yes No	Yes No	Yes No				
Spouse- Indicate Maiden Name			Yes No	Yes No	Yes No				
Children <i>Living at Home</i> (M/F)			Yes No	Yes No	Yes No				
1)			Yes No	Yes No	Yes No				
2)			Yes No	Yes No	Yes No				
3)			Yes No	Yes No	Yes No				
4)			Yes No	Yes No	Yes No				
5)			Yes No	Yes No	Yes No				

Mail this form to: **Christ the King Parish; 101 Chelsea Ave. Rear; Long Branch, NJ 07740**, or you may put it in the collection basket at Mass

For Religious Education information please contact Mrs. Hildelise Limardo at 732-222-3216 ext 103