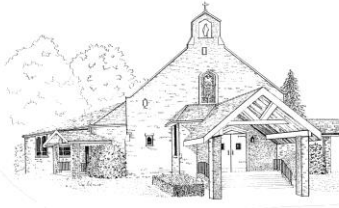


OUR LADY OF THE LAKE PARISH

294 Sparta Avenue, Sparta, NJ 07871
(973) 729-6107, Fax: (973) 729-7203
www.ourladyofthelake.org E-mail: info@ourladyofthelake.org

PARISH REGISTRATION FORM



Dear Parishioner:

Thank you for taking the time to complete and return this parish census form. This information enables us to serve you better, and run our church more efficiently in the Catholic community.

Start by completing the information below and then, please complete the information on the following pages for all the members in your family, and answer the questions to the best of your knowledge. If you have any questions, please call our parish office and we will be glad to assist you.

**THIS INFORMATION WILL BE HELD IN THE
STRICTEST CONFIDENCE FOR PASTORAL USE ONLY.**

PLEASE PRINT CLEARLY

FAMILY INFORMATION

LAST NAME _____

HEAD OF HOUSEHOLD FIRSTNAME _____

SPOUSE'S FIRST NAME _____

PHONE NO. _____ CELL PHONE # _____

E-MAIL _____ (May we contact you by email? YES or NO)

STREET ADDRESS _____

PO BOX OR APARTMENT# _____

CITY _____ STATE _____ ZIP _____

OFFICE USE ONLY: Parish Area _____ Registry Date _____ Envelope # _____

ADULT FAMILY MEMBER #1 - Head of Household (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
WORK PHONE NUMBER:	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
OCCUPATION	FIRST LANGUAGE:	SECOND LANGUAGE:

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM	
DENOMINATION: <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Episcopalian <input type="checkbox"/> Presbyterian <input type="checkbox"/> Jewish <input type="checkbox"/> Other: _____		CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: M M D D Y Y Y Y CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	DATE OF MARRIAGE _____ M M D D Y Y Y Y MAIDEN NAME (WOMEN ONLY)	MARRIED BY A CATHOLIC PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADULT FAMILY MEMBER #2 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
WORK PHONE NUMBER:	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
OCCUPATION	FIRST LANGUAGE:	SECOND LANGUAGE:

RELATIONSHIP (Spouse, son, daughter)

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM	
DENOMINATION: <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Episcopalian <input type="checkbox"/> Presbyterian <input type="checkbox"/> Jewish <input type="checkbox"/> Other: _____		CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: M M D D Y Y Y Y CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	DATE OF MARRIAGE _____ M M D D Y Y Y Y MAIDEN NAME (WOMEN ONLY)	MARRIED BY A CATHOLIC PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO

DEPENDENT CHILD #1 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y

DEPENDENT CHILD #2 (PLEASE PRINT LEGIBLY)..

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y

DEPENDENT CHILD #3 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION:	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y

DEPENDENT CHILD #4 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION:	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: ____ _ M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y

DEPENDENT CHILD #5 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION: - NAME OF LAST SCHOOL ATTENDED	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: ____ _ M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y

DEPENDENT CHILD #6 (PLEASE PRINT LEGIBLY)

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION:	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

SACRAMENTS

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 ST COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 ST COMMUNION: ____ _ M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y

WELCOME TO OUR LADY OF THE LAKE PARISH

How can we minister to you? _____

Were you involved in your last parish? _____

What ministries were you involved in? _____

Would you like to continue that ministry here? _____

Is there another ministry you would like to participate in? _____

What gifts and talents would you like to share with our parish family? May we contact you regarding your interests? _____

PARISH MINISTRIES (Please check all areas of interest)

LITURGY & DEVOTIONS (Check all that apply)

Lector Usher Music Eucharistic Minister Altar Server

FAITH FORMATION (Check all that apply)

Catechists, K-8 Catechists, Grades 9-10

RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)

Become A Catholic Complete My Sacraments

DISCUSSION GROUPS

Men Women Home

CORNERSTONE RETREATS

Men Women

SOCIAL (Check all that apply)

Parish Picnic Carnival CYO Basketball

OUTREACH (Check all that apply)

Arimathea Family Promise Manna House Assist in Food Drives

Respect Life Adopt-A-Family Parent Support

OTHER AFFILIATED GROUPS (Check all that apply)

Legion of Mary Knights of Columbus Scouts

Name: _____

Phone _____

Please print legibly

E-Mail _____