

New  
 Update

**Our Lady of Fatima Parish**  
50 Van Winkle Pl. Piscataway, NJ 08854

Reg. Date:

Family Registration

Last Name(s) \_\_\_\_\_

Mailing Names (i.e. Mr. & Mrs. John Smith) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Family Email: \_\_\_\_\_ Contribution Envelope # \_\_\_\_\_  
N/A for new registrants

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Individual Member Information

Head of Household (1)

Head of Household (2)

Parish Status (Active, Inactive) \_\_\_\_\_

\_\_\_\_\_

Gender:  M  F Role: husband, wife, etc. \_\_\_\_\_

M  F Role: husband, wife, etc. \_\_\_\_\_

First Name \_\_\_\_\_

\_\_\_\_\_

Nick Name \_\_\_\_\_

\_\_\_\_\_

Maiden Name \_\_\_\_\_

\_\_\_\_\_

D.O.B. (mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

\_\_\_\_\_

Sacramental Info: Baptized?  yes  no

Baptized?  yes  no

If yes, in what Faith? \_\_\_\_\_ Date \_\_\_\_\_

If yes, in what Faith? \_\_\_\_\_ Date \_\_\_\_\_

Reconciliation?  yes  no Date \_\_\_\_\_

Reconciliation?  yes  no Date \_\_\_\_\_

First Eucharist?  yes  no Date \_\_\_\_\_

First Eucharist?  yes  no Date \_\_\_\_\_

Confirmation?  yes  no Date \_\_\_\_\_

Confirmation?  yes  no Date \_\_\_\_\_

Circle Marital Status: Single Married Widow/Widower

Separated Divorced Annulled

Married by a Catholic Priest/Deacon?  yes  no Date \_\_\_\_\_ Where? \_\_\_\_\_

If not, by whom? \_\_\_\_\_ Where? \_\_\_\_\_

**DEPENDENT CHILDREN INFORMATION (Ages 18 and Under, Oldest to Youngest)**

Relationship to  
Head of Household (1)      First Name      Last Name      Gender      Birthdate

1. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      M / F      \_\_\_\_\_  
mm/dd/yyyy

Does the child speak English? Yes \_\_\_\_\_ No \_\_\_\_\_      Birthplace \_\_\_\_\_

Check all sacraments received. Add date if known.

\_\_\_ Baptism ( \_\_\_ *In Catholic Faith* \_\_\_ *Other*)      \_\_\_ First Eucharist      \_\_\_ Reconciliation      \_\_\_ Confirmation

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
mm/dd/yyyy      mm/dd/yyyy      mm/dd/yyyy      mm/dd/yyyy

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Relationship to  
Head of Household (1)      First Name      Last Name      Gender      Birthdate

2. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      M / F      \_\_\_\_\_  
mm/dd/yyyy

Does the child speak English? Yes \_\_\_\_\_ No \_\_\_\_\_      Birthplace \_\_\_\_\_

Check all sacraments received. Add date if known.

\_\_\_ Baptism ( \_\_\_ *In Catholic Faith* \_\_\_ *Other*)      \_\_\_ First Eucharist      \_\_\_ Reconciliation      \_\_\_ Confirmation

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
mm/dd/yyyy      mm/dd/yyyy      mm/dd/yyyy      mm/dd/yyyy

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Relationship to  
Head of Household (1)      First Name      Last Name      Gender      Birthdate

3. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      M / F      \_\_\_\_\_  
mm/dd/yyyy

Does the child speak English? Yes \_\_\_\_\_ No \_\_\_\_\_      Birthplace \_\_\_\_\_

Check all sacraments received. Add date if known.

\_\_\_ Baptism ( \_\_\_ *In Catholic Faith* \_\_\_ *Other*)      \_\_\_ First Eucharist      \_\_\_ Reconciliation      \_\_\_ Confirmation

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
mm/dd/yyyy      mm/dd/yyyy      mm/dd/yyyy      mm/dd/yyyy

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**Please list the names of non-dependent adult children**

- Name \_\_\_\_\_ Town/state of residence \_\_\_\_\_
- Name \_\_\_\_\_ Town/state of residence \_\_\_\_\_
- Name \_\_\_\_\_ Town/state of residence \_\_\_\_\_
- Name \_\_\_\_\_ Town/state of residence \_\_\_\_\_
- Name \_\_\_\_\_ Town/state of residence \_\_\_\_\_

## STEWARDSHIP

Last Name: \_\_\_\_\_

First Name(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

E-mail addresses: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**What is your profession / area of expertise? Enter first name on applicable line.**

Accountant \_\_\_\_\_  
 Bookkeeper \_\_\_\_\_  
 Carpenter \_\_\_\_\_  
 Computer Specialist \_\_\_\_\_  
 Cook \_\_\_\_\_  
 Dentist \_\_\_\_\_  
 Electrician \_\_\_\_\_  
 Electronics \_\_\_\_\_  
 Heating \_\_\_\_\_  
 Keyboarding/Clerical \_\_\_\_\_  
 Landscaper \_\_\_\_\_

Lawyer \_\_\_\_\_  
 Maintenance \_\_\_\_\_  
 Mason \_\_\_\_\_  
 Media \_\_\_\_\_  
 Nurse \_\_\_\_\_  
 Painter \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Plumber \_\_\_\_\_  
 Refrigeration \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Other \_\_\_\_\_

Would you be willing to volunteer your professional services to the parish? Yes \_\_\_\_\_ No \_\_\_\_\_

**Would you be interested in joining any of the following parish ministries/organizations?**

\_\_\_\_\_ Adult Choir  
 \_\_\_\_\_ Altar Servers  
 \_\_\_\_\_ Boy Scouts  
 \_\_\_\_\_ Cantors  
 \_\_\_\_\_ CCD Teachers  
 \_\_\_\_\_ Children's Choir  
 \_\_\_\_\_ Eucharistic Guardians  
 \_\_\_\_\_ Evangelization Committee  
 \_\_\_\_\_ Extraordinary Ministers of Holy Communion  
 \_\_\_\_\_ Fatima Candlelight Procession  
 \_\_\_\_\_ Filipino American Association  
 \_\_\_\_\_ Filipino Choir  
 \_\_\_\_\_ Greeters/Ushers  
 \_\_\_\_\_ Holy Trinity Charismatic Prayer Group

\_\_\_\_\_ Junior Legion of Mary  
 \_\_\_\_\_ Lazarus Ministry  
 \_\_\_\_\_ Lectors  
 \_\_\_\_\_ Legion of Mary  
 \_\_\_\_\_ Military Support Group  
 \_\_\_\_\_ Organists  
 \_\_\_\_\_ Parish Anniversary Committee  
 \_\_\_\_\_ Precious Blood Charismatic Prayer Group  
 \_\_\_\_\_ Respect Life Group  
 \_\_\_\_\_ Rosary Altar Society  
 \_\_\_\_\_ Senior Citizens  
 \_\_\_\_\_ Stewardship Committee  
 \_\_\_\_\_ Vocations Committee  
 \_\_\_\_\_ Youth Group