

Date: _____

St. Magdalen de Pazzi Parish Registration

Parish • 105 Mine St., Flemington, NJ 08822

Family LAST Name _____ Home Phone _____

Name _____ Catholic? **Y/N** *If No, what religion?* _____

Date of Birth ___/___/___ Cell Phone _____

Name _____ Catholic? **Y/N** *If No, what religion?* _____

Date of Birth ___/___/___ Cell Phone _____ Maiden Name: _____

Marital Status Single Separated Divorced Widowed Married

Marriage recognized by the Catholic Church? Y/N

Street Address _____ City _____ Zip _____ St _____

Please provide an active email address that you check often. This is our primary method of communication.

Family email _____

Please choose which method of sacrificial giving is best for your family: Weekly Envelopes Online Giving

Only these two methods of sacrificial giving will be recorded by the office for year-end tax purposes.

Sacramental Information for Each Member of Family

Name (please indicate HEAD of household)*	Relation to Head	Birthdate	Sex	Baptism	Eucharist	Confirmation
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
6.				Yes No	Yes No	Yes No
7.				Yes No	Yes No	Yes No

*If your child received Sacraments at another parish, kindly provide a copy of Baptism certificate and a statement from the parish that includes dates that Eucharist and Confirmation were administered. Thank you.

For office staff only:

Family ID: _____ Head of Household Member ID: _____

Copy of Baptismal Certificates Received _____

Contact Religious Ed Staff _____ Welcomed by: _____