

# St. Raphael-Holy Angels Parish

3500 South Broad Street, Hamilton, NJ 08610

Phone: (609) 585-7049 Email: parishoffice@srhap.org

## Parish Registration Form

| FAMILY INFORMATION     |        |                        |
|------------------------|--------|------------------------|
| Family Last Name:      |        |                        |
| Street Address:        |        | Apt. No.:              |
| City:                  | State: | Zip:                   |
| Primary Phone No:      |        | Primary Cell Phone No. |
| Primary Email Address: |        | Transferring from:     |

| HOUSEHOLD INFORMATION                    |   |   |
|--|---|---|
|  | Head of Household   | Spouse  |
| First Name & Middle Name:                |   |   |
| Last Name:                               |   |   |
| Maiden Name (if applicable):             |   |   |
| Role (Head of Household, Husband, Wife): |   |   |
| Date of Birth:                           |   |   |
| Phone No. (if different from above):     |   |   |
| Email Address (if different from above): |   |   |
| First Language:                          |   |   |
| Marital Status (circle one):             | single, married* , separated, divorced, annulled, widowed | single, married* , separated, divorced, annulled, widowed |
| *Valid Catholic Marriage:                | Yes or No   | Date/Place of marriage:                                   |

| SACRAMENTAL INFORMATION  |                   |           |
|--|-------------------|-----------|
|  | Head of Household | Spouse    |
| <i>(Please provide Parish, City, State and Date, if known)</i> |                   |           |
| Baptism:   | Yes or No         | Yes or No |
| First Communion:   | Yes or No         | Yes or No |
| Confirmation:  | Yes or No         | Yes or No |

**Enter Dependent Children Information On Back**

| DEPENDENT CHILDREN INFORMATION                                 |                |                        |
|--|----------------|------------------------|
| First Name & Middle Name:                                      | Last Name:     | Relationship:          |
| Male or Female   | Date of Birth: | Birthplace City/State: |
| SACRAMENTAL INFORMATION  |                |                        |
| <i>(Please provide Parish, City, State and Date, if known)</i> |                |                        |
| Baptism:   | Yes or No      | Yes or No              |
| First Communion:   | Yes or No      | Yes or No              |
| Confirmation:  | Yes or No      | Yes or No              |

| DEPENDENT CHILDREN INFORMATION                                 |                |                        |
|--|----------------|------------------------|
| First Name & Middle Name:                                      | Last Name:     | Relationship:          |
| Male or Female   | Date of Birth: | Birthplace City/State: |
| SACRAMENTAL INFORMATION  |                |                        |
| <i>(Please provide Parish, City, State and Date, if known)</i> |                |                        |
| Baptism:   | Yes or No      | Yes or No              |
| First Communion:   | Yes or No      | Yes or No              |
| Confirmation:  | Yes or No      | Yes or No              |

| DEPENDENT CHILDREN INFORMATION                                 |                |                        |
|--|----------------|------------------------|
| First Name & Middle Name:                                      | Last Name:     | Relationship:          |
| Male or Female   | Date of Birth: | Birthplace City/State: |
| SACRAMENTAL INFORMATION  |                |                        |
| <i>(Please provide Parish, City, State and Date, if known)</i> |                |                        |
| Baptism:   | Yes or No      | Yes or No              |
| First Communion:   | Yes or No      | Yes or No              |
| Confirmation:  | Yes or No      | Yes or No              |