

Family Name:	
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ADULT HOUSEHOLD MEMBER 1 - Head of Household? Y or N			
Title	First	Last	
Circle One:	Single	Married	Widow(er) Divorced Separated Religious
Occupation		Work Phone	E-Mail
		Cell Phone	
Sacramental Information: (Circle appropriate Y or N below)			
Date of Birth	Baptized	Catholic	Other Religion
	Yes No	Yes No	
Reconciliation	1 st Eucharist	Confirmation	Maiden Name
Yes No	Yes No	Yes No	

ADULT HOUSEHOLD MEMBER 2 - Head of Household? Y or N			
Title	First	Last	
Circle One:	Single	Married	Widow(er) Divorced Separated Religious
Occupation		Work Phone	E-Mail
		Cell Phone	
Sacramental Information: (Circle appropriate Y or N below)			
Date of Birth	Baptized	Catholic	Other Religion
	Yes No	Yes No	
Reconciliation	1 st Eucharist	Confirmation	Maiden Name
Yes No	Yes No	Yes No	

Couple Sacramental Info. - Above members married? Circle: Y or N

Married (Circle one)	Marriage Date	Wedding Church/City:
Church Civil		

Child Information (Under 21 yrs. Old)

Child 1 - Under 21 yrs. Old

First Name	Last Name	Date of Birth	Sex

Sacramental Information: (Circle Y or N below, add date if known)

Baptized	1 st Eucharist	Reconciliation	Confirmation
Y N Date	Y N Date	Y N Date	Y N Date
Catholic		Other Religion	
Yes No			

Child 2 - Under 21 yrs. Old

First Name	Last Name	Date of Birth	Sex

Sacramental Information: (Circle Y or N below, add date if known)

Baptized	1 st Eucharist	Reconciliation	Confirmation
Y N Date	Y N Date	Y N Date	Y N Date
Catholic		Other Religion	
Yes No			

Child 3 - Under 21 yrs. Old

First Name	Last Name	Date of Birth	Sex

Sacramental Information: (Circle Y or N below, add date if known)

Baptized	1 st Eucharist	Reconciliation	Confirmation
Y N Date	Y N Date	Y N Date	Y N Date
Catholic		Other Religion	
Yes No			

Child 4 - Under 21 yrs. Old

First Name	Last Name	Date of Birth	Sex

Sacramental Information: (Circle Y or N, add date if known)

Baptized			1 st Eucharist			Reconciliation			Confirmation		
Y	N	Date	Y	N	Date	Y	N	Date	Y	N	Date
Catholic			Other Religion								
Yes	No										

Child 5 - Under 21 yrs. Old

First Name	Last Name	Date of Birth	Sex

Sacramental Information: (Circle Y or N, add date if known)

Baptized			1 st Eucharist			Reconciliation			Confirmation		
Y	N	Date	Y	N	Date	Y	N	Date	Y	N	Date
Catholic			Other Religion								
Yes	No										

Child 6 - Under 21 yrs. Old

First Name	Last Name	Date of Birth	Sex

Sacramental Information: (Circle Y or N, add date if known)

Baptized			1 st Eucharist			Reconciliation			Confirmation		
Y	N	Date	Y	N	Date	Y	N	Date	Y	N	Date
Catholic			Other Religion								
Yes	No										

Family Name:	
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**Our Lady of the Holy Angels
Parish Registration**

The Catholic Community of
Our Lady of the Holy Angels
465 Main Street
Little Falls, NJ 07424
973-256-5200

FAMILY INFORMATION	REGISTRATION DATE:		
ENVELOPES:	Yes No	ID #	
FIRST NAME(S):			
MAILING NAME:			
STREET:			
CITY:			
STATE:			
ZIP:			
HOME PHONE:			UNLISTED? Y or N
FAMILY E-MAIL:			UNLISTED? Y or N