



# St. Justin the Martyr Church

975 Fischer Blvd., Toms River, NJ 08753

REGISTRATION DATE: \_\_\_\_\_

### FAMILY INFORMATION

|               |                  |
|---------------|------------------|
| LAST NAME:    | ENVELOPE NUMBER: |
| FAMILY EMAIL: | MAILING NAME:    |
| HOME PHONE:   | CELL PHONE:      |

### ADDRESS INFORMATION

|            |        |      |
|------------|--------|------|
| ADDRESS 1: |        |      |
| ADDRESS 2: |        |      |
| CITY:      | STATE: | ZIP: |

PUBLISH PHONE  PUBLISH ADDRSS  PUBLISH EMAIL  RECEIVE VISITS  RECEIVE CONTRIBUTION ENVELOPES

### MEMBER INFORMATION

|                 |                         |
|-----------------|-------------------------|
| FIRST NAME:     | STATUS AT PARISH:       |
| ROLE:           | NICK NAME:              |
| DATE OF BIRTH:  | GENDER:     M     F     |
| EMAIL:          | MAIDEN NAME:            |
| ETHNICITY:      | BIRTH PLACE:            |
| FIRST LANGUAGE: | WORK PHONE:             |
| SPECIAL NEEDS:  | CELL PHONE:             |
|                 | HIGH SCHOOL GRAD. YEAR: |

### MEMBER SACRAMENT INFORMATION

CATHOLIC:

|   |       |           |
|---|-------|-----------|
| <input type="checkbox"/> BAPTISM              | DATE: | LOCATION: |
| <input type="checkbox"/> RECONCILIATION PREP. | DATE: | LOCATION: |
| <input type="checkbox"/> FIRST EUCHARIST      | DATE: | LOCATION: |
| <input type="checkbox"/> CONFIRMATION         | DATE: | LOCATION: |
| <input type="checkbox"/> CATHOLIC MARRIAGE    | DATE: | LOCATION: |

**MEMBER INFORMATION**

|                 |                         |
|-----------------|-------------------------|
| FIRST NAME:     | STATUS AT PARISH:       |
| ROLE:           | NICK NAME:              |
| DATE OF BIRTH:  | GENDER:     M     F     |
| EMAIL:          | MAIDEN NAME:            |
| ETHNICITY:      | BIRTH PLACE:            |
| FIRST LANGUAGE: | WORK PHONE:             |
| SPECIAL NEEDS:  | CELL PHONE:             |
|                 | HIGH SCHOOL GRAD. YEAR: |

**MEMBER SACRAMENT INFORMATION** CATHOLIC:

|   |       |           |
|---|-------|-----------|
| <input type="checkbox"/> BAPTISM              | DATE: | LOCATION: |
| <input type="checkbox"/> RECONCILIATION PREP. | DATE: | LOCATION: |
| <input type="checkbox"/> FIRST EUCHARIST      | DATE: | LOCATION: |
| <input type="checkbox"/> CONFIRMATION         | DATE: | LOCATION: |
| <input type="checkbox"/> CATHOLIC MARRIAGE    | DATE: | LOCATION: |

**MEMBER INFORMATION**

|                 |                         |
|-----------------|-------------------------|
| FIRST NAME:     | STATUS AT PARISH:       |
| ROLE:           | NICK NAME:              |
| DATE OF BIRTH:  | GENDER:     M     F     |
| EMAIL:          | MAIDEN NAME:            |
| ETHNICITY:      | BIRTH PLACE:            |
| FIRST LANGUAGE: | WORK PHONE:             |
| SPECIAL NEEDS:  | CELL PHONE:             |
|                 | HIGH SCHOOL GRAD. YEAR: |

**MEMBER SACRAMENT INFORMATION** CATHOLIC:

|   |       |           |
|---|-------|-----------|
| <input type="checkbox"/> BAPTISM              | DATE: | LOCATION: |
| <input type="checkbox"/> RECONCILIATION PREP. | DATE: | LOCATION: |
| <input type="checkbox"/> FIRST EUCHARIST      | DATE: | LOCATION: |
| <input type="checkbox"/> CONFIRMATION         | DATE: | LOCATION: |
| <input type="checkbox"/> CATHOLIC MARRIAGE    | DATE: | LOCATION: |