## **Parish of Saint Michael The Archangel**

Date: Office: 49 W. North St. Clayton, NJ 08312

**Phone#**: 856-881-9155 Fax#: 856-881-9166 Website: www.psma-nj.com

Family (Last) Name   Mailing Address (PO Box or Street)   City   State   ZIP    Street Address (if different from mailing address)   Home Phone   Cell Phone    Family's Primary e-mail address    Members of the Household    Name: first, middle & last   Title (Head of Household, Spous, Son, Daughter)   Date of Household, Spous, Son, Daughter)   M/F   M/F   Marital Status (married, divorced, single, widow)   Hispanic, Korean, etc.)   Public)   Catholic or Public)    Check Sacraments Received (Please also show in each box the date (at least year), church, city/state each Sacrament was received, if known Name   Baptism   First Communion   Confirmation   Catholic Marriage   Please also Sacrament was received, if known   Public   Please also Sacrament was received, if known   Please also Sacrament was received, if known	RECISTRA	TION F	'nRM		0	FFICE	TICE	ONI	V#	(		)	
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Name: first, middle & last  Title (Head of Household, Spouse, Son, Daughter)  Date of Household, Spouse, Son, Daughter)  M/F  Marital Status (African American, White, Hispanic, Korean, etc.)  Korean, etc.)  Check Sacraments Received (Please also show in each box the date (at least year), church, city/state each Sacrament was received, if known  Name  Baptism  First Communion  Confirmation  Catholic Marriage	Street Address (if different from	mailing address)			Но	Home Phone				Cell Phone			
Name: first, middle & last  Title (Head of Household, Spouse, Son, Daughter)  Date of Birth  M/F  Marital Status (married, divorced, single, widow)  Marital Status (married, divorced, single, widow)  Marital Status (Marican, White, Hispanic, Korean, etc.)  Cat  Cat  Check Sacraments Received (Please also show in each box the date (at least year), church, city/state each Sacrament was received, if known  Name  Baptism  First Communion  Confirmation  Catholic Marriage  Catolic Marriage	Family's Primary e-mail address	S											
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Do you have any special needs or situations that you wish to call to our attention? Please indicate on the back of this form.