



## *Our Lady of Lourdes*

ONE EAGLE ROCK AVENUE

WEST ORANGE, NJ 07052

973-325-0110

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### PARISHIONER CENSUS & REGISTRATION FORM

Date: \_\_\_\_\_ Envelope No.: \_\_\_\_\_

#### FAMILY INFORMATION

Family Name: \_\_\_\_\_  
(Please write the name you would like your correspondence addressed to,  
e.g., The Jones Family)

Family Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

Family E-Mail: \_\_\_\_\_

#### INDIVIDUAL MEMBER INFORMATION

Name of Adult (No. 1): \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Parish Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_

Role: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Other (please indicate) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ First Language: \_\_\_\_\_

Catholic: Y \_\_\_\_\_ N \_\_\_\_\_ If no, what faith? \_\_\_\_\_

If yes, please indicate the sacraments received and the dates if known: Baptism \_\_\_\_\_  
Communion \_\_\_\_\_ Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_ Matrimony \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow/Widower \_\_\_\_\_  
Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_

Name of Adult (No. 2): \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Parish Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_

Role: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Other (please indicate) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ First Language: \_\_\_\_\_

Catholic: Y \_\_\_\_\_ N \_\_\_\_\_ If no, what faith? \_\_\_\_\_

If yes, please indicate the sacraments received and the dates if known: Baptism \_\_\_\_\_  
Communion \_\_\_\_\_ Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_ Matrimony \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow/Widower \_\_\_\_\_  
Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_

#### REGISTERED PARISHONERS

\_\_\_\_ Are you currently receiving offertory envelopes?  
\_\_\_\_ Do you use your offertory envelopes?  
\_\_\_\_ Do you wish to continue receiving offertory envelopes?

#### NEW REGISTRATIONS

As stewards of your finances  
and commitment to the Parish,  
do you wish to receive envelopes?  
Y \_\_\_\_\_ N \_\_\_\_\_

#### DEPENDENT CHILDREN

Name of Child (No. 1): First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Head of Household (Son, Daughter, Etc.): \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Catholic: Y \_\_\_\_\_ N \_\_\_\_\_ If no, what faith? \_\_\_\_\_

If yes, please indicate the sacraments received and the dates if known: Baptism \_\_\_\_\_  
Communion \_\_\_\_\_ Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_

**Name of Child (No. 2):** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Relationship to Head of Household (Son, Daughter, Etc.):** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Birth Date (mm/dd/yyyy):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Catholic:** Y \_\_\_\_\_ N \_\_\_\_\_ **If no, what faith?** \_\_\_\_\_

**If yes, please indicate the sacraments received and the dates if known:** **Baptism** \_\_\_\_\_  
**Communion** \_\_\_\_\_ **Reconciliation** \_\_\_\_\_ **Confirmation** \_\_\_\_\_

**Name of Child (No. 3):** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Relationship to Head of Household (Son, Daughter, Etc.):** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Birth Date (mm/dd/yyyy):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Catholic:** Y \_\_\_\_\_ N \_\_\_\_\_ **If no, what faith?** \_\_\_\_\_

**If yes, please indicate the sacraments received and the dates if known:** **Baptism** \_\_\_\_\_  
**Communion** \_\_\_\_\_ **Reconciliation** \_\_\_\_\_ **Confirmation** \_\_\_\_\_

**Name of Child (No. 4):** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Relationship to Head of Household (Son, Daughter, Etc.):** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Birth Date (mm/dd/yyyy):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Catholic:** Y \_\_\_\_\_ N \_\_\_\_\_ **If no, what faith?** \_\_\_\_\_

**If yes, please indicate the sacraments received and the dates if known:** **Baptism** \_\_\_\_\_  
**Communion** \_\_\_\_\_ **Reconciliation** \_\_\_\_\_ **Confirmation** \_\_\_\_\_

**Has/have your child/children attended Religious Formation classes? Y \_\_\_\_ N \_\_\_\_**

**If yes, where? \_\_\_\_\_**

**If no, are you interested in our Religious Formation Program for your child/children? Y \_\_\_\_ N \_\_\_\_**

**If yes, please indicate the name and grade for each child. \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to complete this form. It will help us to serve you better, as well as to assist us in future parish planning and development. Please let us know if we can be of any assistance to you and your family.**

\_\_\_\_\_