

OUR LADY OF PEACE PARISH

32 Carroll Ave. Williamstown, NJ 08094

856-629-6142 Fax 856-875-2097

Email olopp@olopp.org Web olopp.org

REGISTRATION FORM

You are registering for: Please check the appropriate line

Parish Registration ___ Parish and Religious Education ___ Parish and St. Mary School ___ St. Mary School Only ___
 And My Parish of Registration Is _____ City _____ State _____ Zip _____

Family Last Name _____ Today's Date _____

How should mail to your house be addressed Please circle one.

Dr. & Mrs./ Dr. & Mr./ Mr. & Mrs./ Mrs. & Mr./ Mr./ Mrs./ Ms./ Miss. Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Head of Household Cell Phone _____ Spouse Cell Phone _____

If married, please complete the following: Marriage Date _____ Civil Married ___ Other Faith _____

Were you married in a Catholic Church by a Catholic Priest/Deacon. Yes /No Performed by _____

Church/Place of Marriage _____ Address of Place _____

Would you like to talk to a Priest/Deacon about your marriage Yes/No

Are you: Separated ___ Divorced ___ Widowed ___ Single ___ Single-Parent ___ Other _____

Individual Information	Head of Household	Spouse	Sacramental Information	Head of Household	Spouse
First Name			Baptize Yes/No Date		
Middle Name			Church		
Last Name			Address		
Preferred Name			City / State / Zip		
Maiden Name			Eucharist Yes/No		
Date of Birth			Church / City / State		
Gender Male/Female			Confirmation Yes/No		
Religion			Church / City / State		
Ethnicity			I would like to volunteer the following skills		
Primary Language			I would like to volunteer for the following ministry		
Second Language			Special Needs	Name	Name
Occupation			Health Issue/ Needs		
Employer			Physical Disabilities		
Location			Learning Disabilities		
Work Phone/ Extension					
Emergency Contact Information (Other Than This Household)	First and Last Name	Relationship	Home Phone	Cell Phone	Email
1st					
2nd					

Official Use Only----Family Envelope # _____ Family Registration # _____ **Continue on Reverse**

**CHILDREN UNDER 22
OR DEPENDENT ADULTS/CHILDREN**

Individual Information	First	Second	Third	Fourth	Fifth
First Name					
Middle Name					
Last Name					
Preferred Name					
Male/Female					
Relationship Daughter/ Son Nephew/Niece etc.					
Religion					
Ethnicity					
Religion Education Grade					
School Grade					
School Attending					
Primary Language					
Secondary Language					
Parish of Previous Reli- gious Education					

SACRAMENT INFORMATION as on Baptismal Certificate

Baptism Yes/No					
Baptism Date					
Birth Date					
Birthplace					
Church					
Address					
City, State Zip					
Father's Name (as on Baptismal Certificate)					
Mother's Maiden Name (as on Baptis- mal Certificate)					
Reconciliation Yes/No					
Eucharist Yes/No					
Church City State					
Confirmation Yes/No					
Church City State					

Note: If any of your children received sacrament outside of this parish, you will need to supply us with a copy of each child's Baptismal, First Penance and first Communion certificates for our files.