

HOLY ANGELS PARISH
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856-845-0123 • FAX 856-845-7409

(OFFICE USE) Envelope ID # _____

Email: mail@holyangelsnj.org • Website: www.holyangelsnj.org

Mailing Name: Title: _____ First Name _____ Last Name _____

Address: _____ Add2: _____

City: _____ State _____ Zip: _____

Home Phone: _____ / _____ / _____ Emerg. Phone: _____ / _____ / _____ Cell Phone: _____ / _____ / _____

Family Email: _____ Do you wish to receive envelopes? ___ Or use Electronic Giving? ___

Racial/Ethnic Heritage: ___ Caucasian ___ Hispanic ___ Korean ___ African American ___ Vietnamese Other _____

INDIVIDUAL MEMBER INFORMATION

DO YOU WISH TO RECEIVE THE STAR HERALD?
___ YES-AND WILL PAY \$18/YR. ___ NO

Parish of Current Registration: _____

Parish Status: ___ Active ___ Inactive

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Role: _____
(Head of House, Husband, Wife etc.)

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First Name / Nickname: _____ / _____ First Name / Nickname: _____ / _____

Gender: Male ___ Female ___ (Maiden Name) _____ Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): _____ / _____ / _____

DOB (mm/dd/yyyy): _____ / _____ / _____

Email: _____

Email: _____

Work Phone: _____ / _____ / _____ ext. _____

Work Phone: _____ / _____ / _____ ext. _____

Cell Phone: _____ / _____ / _____

Cell Phone: _____ / _____ / _____

First Language: _____

First Language: _____

Education: ___ HIGH SCHOOL ___ ASSOCIATE ___ BACHELOR
___ MASTER ___ PhD OTHER _____

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___ MASTER ___ PhD OTHER _____

Occupation: _____

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CHECK SACRAMENT LINES. ADD DATES IF KNOWN:

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___ Baptism: _____ / _____ / _____ Catholic: ___ Other: _____

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___ Reconciliation (CONFESSION): _____ / _____ / _____

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___ 1st Eucharist: _____ / _____ / _____ Confirmation: _____ / _____ / _____

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Marital Status: _____
(Single, Married, Separated, Divorced, Annulled, Widowed)

Marital Status: _____
(Single, Married, Separated Divorced, Annulled, Widowed)

Date/Place/City of Marriage _____ Valid Catholic Marriage? _____

DEPENDENT CHILDREN/FAMILY MEMBERS LIVING AT THIS ADDRESS

1. _____ / _____ / _____ M / F _____ / / _____
 (Relationship) (First Name) (Middle) (Last Name) (Gender) Birthdate Place of Birth(City/State)

CHECK IF SACRAMENT RECEIVED. ADD DATES IF KNOWN.

Baptism _____ Catholic? _____ 1ST Eucharist _____ Reconciliation (CONFESSION) _____ Confirmation _____
 _____ / / _____ _____ / / _____ _____ / / _____

Grade: _____ School: _____ Occupation: _____

Education: H.S. ___ ASSOC. ___ B.A. ___ B.S. ___ MASTER ___ PHD ___ OTHER _____

2. _____ / _____ / _____ M / F _____ / / _____
 (Relationship) (First Name) (Middle) (Last Name) (Gender) Birthdate Place of Birth(City/State)

CHECK IF SACRAMENT RECEIVED. ADD DATES IF KNOWN.

Baptism _____ Catholic? _____ 1ST Eucharist _____ Reconciliation (Confession) _____ Confirmation _____
 _____ / / _____ _____ / / _____ _____ / / _____

Grade: _____ School: _____ Occupation: _____

Education: H.S. ___ ASSOC. ___ B.A. ___ B.S. ___ MASTER ___ PHD ___ OTHER _____

3. _____ / _____ / _____ M / F _____ / / _____
 (Relationship) (First Name) (Middle) (Last Name) (Gender) Birthdate Place of Birth(City/State)

CHECK IF SACRAMENT RECEIVED. ADD DATES IF KNOWN.

Baptism _____ Catholic? _____ 1ST Eucharist _____ Reconciliation (Confession) _____ Confirmation _____
 _____ / / _____ _____ / / _____ _____ / / _____

Grade: _____ School: _____ Occupation: _____

Education: H.S. ___ ASSOC. ___ B.A. ___ B.S. ___ MASTER ___ PHD ___ OTHER _____

4. _____ / _____ / _____ M / F _____ / / _____
 (Relationship) (First Name) (Middle) (Last Name) (Gender) Birthdate Place of Birth(City/State)

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 _____ / / _____ _____ / / _____ _____ / / _____

Grade: _____ School: _____ Occupation: _____

Education: H.S. ___ ASSOC. ___ B.A. ___ B.S. ___ MASTER ___ PHD ___ OTHER _____

5. _____ / _____ / _____ M / F _____ / / _____
 (Relationship) (First Name) (Middle) (Last Name) (Gender) Birthdate Place of Birth(City/State)

CHECK IF SACRAMENT RECEIVED. ADD DATES IF KNOWN.

Baptism _____ Catholic? _____ 1ST Eucharist _____ Reconciliation (Confession) _____ Confirmation _____
 _____ / / _____ _____ / / _____ _____ / / _____

Grade: _____ School: _____ Occupation: _____

Education: H.S. ___ ASSOC. ___ B.A. ___ B.S. ___ MASTER ___ PHD ___ OTHER _____

PLEASE FILL IN ALL BLANKS AND PROVIDE CHANGES WHERE NECESSARY. USE SEPARATE SHEET FOR ADDITIONAL MEMBERS.

FAMILY MEMBERS INTERESTED IN PARISH MINISTRIES

- Religious Education of Youth Name(s) _____
- Youth Ministry Name(s) _____
- Liturgical Services Name(s) _____
- Adult Education Name(s) _____
- Human Services Name(s) _____
- Administration Name(s) _____
- Other Name(s) _____