

Mater Ecclesiae Parish Registration Form

261 Cross Keys Road, Berlin, New Jersey, 08009-9431
 856-753-3408, Fax 856-753-2671, www.materecclesiae.org

Last Name (Family Name) _____ Date of Registration _____
 (If Married, Wife's Maiden Name) _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ E-Mail _____

First Names	Relationship- Self, Husband, Wife	Date of Birth: mm/dd/yyyy	Single, Married, Widowed, Separated, Divorced	If married- by a priest?	Baptized: Catholic, Non- Catholic, or Not Baptized	First Communion- Yes / No	Confirmation- Yes / No	Occupation
Head of Household 1								
1.				yes / no				
Head of Household 2								
2.				yes / no				
List all others living at this address, including dependent children	Relationship to Head of Household	Date of Birth: mm/dd/yyyy	Minor, Single, Married, Widowed, Separated, Divorced	Baptized: Catholic, Non-Catholic, or Not Baptized	First Communion- Yes / No	Confirmation Ecclesiae? Yes/No	Attending CCD Classes At Mater Ecclesiae? Yes/No	If a Student, Name of School, or if Adult, Occupation
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

If any of the above are adults, we ask that they complete their own registration form. Thank you.

Mater Ecclesiae Parish welcomes you and your family and encourages you to participate in all phases of parish life. If you or any family members have any special interests or skills, which you may want to share with our parish, please designate that below by placing their name next to the appropriate box.

Parish Organizations _____ **Volunteer Services** _____ **Liturgical & Music Groups** _____

Blessed Imelda Society (For girls) _____ Hospitality _____ Choir _____

Knights of Columbus _____ CCD Instruction _____ Altar Servers _____

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If you have a special talent or if there is any other area of interest that is not mentioned above, please let us know below:

We encourage you to utilize the parish's Collection Envelopes. If you use the envelopes each week, at the end of each year, you will receive a letter that contains a record of your donations for tax purposes.

- Yes, I would like to receive Collection Envelopes.
- No, I do not want to receive Collection Envelopes at this time.

For Office Use Only					
Date Received:	_____ / _____ / _____	PDB	_____	ID #	_____
HOC	_____	WL	_____	NL	_____
				EM	_____
				FJR	_____