## Welcome to The Parish of Saint anne

We invite you to form an ongoing relationship with Saint Anne Church by registering as a parishioner or parish family. All personal information will be kept confidential.



Please print all information.

PLEASE CHECK ONE OF THE FOLLOWING:  New Member Address/Info Change Remove	ve Name/Address From Registry
ADULT 1	ADULT 2
Dr. Mr. Mrs. Ms. Other	Dr. Mr. Mrs. Ms. Other
Male Female	Male Female
Preferred First Name/Nickname:	Preferred First Name/Nickname;
Home Address:	Home Address (if different from Adult 1):
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Date of Birth: (Month/Day/Year)//	Date of Birth: (Month/Day/Year)//
*Marital Status:	*Marital Status:
*Marriage Date: (Month/Day/Year)//	*Marriage Date: (Month/Day/Year)//
*Current Occupation:	*Current Occupation:
*Title	*Title:
*Company:	*Company:
*Work Phone:	*Work Phone:
*Work Email Address:	*Work Email Address:
*Would you be willing to share this work information with our St.  Cajetan Ministry to grow the parish network of contacts for unemployed/underemployed? Yes Not right now	*Would you be willing to share this work information with our St.  Cajetan Ministry to grow the parish network of contacts for unemployed/underemployed? Yes Not right now
*Language Spoken (other than English):	*Language Spoken (other than English):
RELIGION	RELIGION
Catholic Protestant (specifically)	Catholic Protestant (specifically)
Jewish Muslim Other	Jewish Muslim Other
SACRAMENTS RECEIVED	SACRAMENTS RECEIVED
Baptism Communion Confirmation	Baptism Communion Confirmation
MASS ATTENDANCE	MASS ATTENDANCE
Weekly Occasional Christmas, Easter, Special	Weekly Occasional Christmas, Easter, Special
Please indicate how you would like your mailings addressed (N Family, John Smith and Jane Jones, etc.):	Ar. and Mrs. John Smith, John and Jane Smith, The Smith

<sup>\*</sup> Optional

## Saint anne Church - Parish Census Form - Page 2

FIRST NAME	LAST NAME	SEX	DATE OF	DATEA	м Сипрец	Сомми	NION	CONFIRM	COLLOGY	A TIPE IS TO
	EAST WAVE	M/F	BIRTH		DATE AND CHURCH OF BAPTISM		Y/N		SCHOOL ATTENDING CURRENT GRADE	
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		-1								
ADULTS LIVI	NG WITH YOU (	18 and	Over)							
FIRST NAME	LAST NAME	SEX M/F	DATE OF BIRTH	MARITAL STATUS	RELIGION			MMUNION Y/N	CONFIRM. Y/N	OCCUPATION
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	LOWING ITEMS,			AME OF THE	PERSON FOR	R WHOM	THE	INFORMA	TION APPI	JES:
	LOWING ITEMS, s (handicapped, ho			AME OF THE	PERSON FOR	R WHOM	THE	INFORMA	TION APPI	JES:
Special concern	s (handicapped, ho	ome-boun	d, etc.):					INFORMA	TION APPI	JIES:
Special concern		ome-boun	d, etc.):					INFORMA	TION APPI	JIES:
Special concern	s (handicapped, ho	ome-boun	d, etc.):					,		JIES:
Special concern	s (handicapped, ho	ome-boun	d, etc.):					,		JES:
currently volur	s (handicapped, ho	ome-boun	d, etc.):					,		JIES:
currently volu	s (handicapped, honteer as:	ome-boun	d, etc.):					,		JIES:

Please return this form to: Nick Magarelli, Saint Anne Rectory, 15-05 Saint Anne Street, Fair Lawn, NJ 07410 or fax to 201-791-1871.

You may contact Nick at 201-791-1616, or admin@stannefairlawnnj.org with any questions or for further information.