



Christ the Redeemer Parish

318 Carl Hasselhan Drive
Atco, NJ 08004

Phone 856-767-0719 | Fax 856-753-7917
www.christtheredeemer.us

PARISH REGISTRATION FORM

Family Information

Family Last Name _____

Mailing Name _____
(Ex. Mr. & Mrs. John Doe)

Street Address _____

City _____ State _____ Zip _____

Check if unlisted
Home Phone _____ Cell Phone _____

Email _____

Emergency Contact Name & Number _____

Mailing Address

Same as Above

Street Address _____

City _____ State _____ Zip _____

Other Address

Street Address _____

City _____ State _____ Zip _____

Send Mail: _____ / _____ / _____ - _____ / _____ / _____

Do You Want to Receive Church Envelopes? Yes No

Individual Adult Registration (21 and Older)

Please complete a separate form for each adult member of the household. Check appropriate choices or print information as requested in the spaces below.

Member Role: Head of Household Husband Wife Other _____

First Name _____ **Middle Name** _____

Last Name _____ **Maiden Name** _____

Birth Date _____ **Birth Place** _____

Cell Phone _____ **Work Phone** _____

Marital Status: Married Divorced Separated Single Widowed

If Married, Marriage Type: Catholic Church Non-Catholic Ceremony Civil Ceremony

Date _____ Place _____

If Divorced: Annuled Annulment Pending Annulment Denied

Health: Healthy Ill _____ Disabled _____

Ethnicity: Caucasian African American Hispanic Korean

Filipino Mixed Other _____

Religion: Roman Catholic Eastern Rite Catholic Eastern Orthodox Protestant Christian

Jewish Muslim Other _____

Sacramental Record

Baptism _____
Date _____ *Church* _____ *City/State* _____

Communion _____
Date _____ *Church* _____ *City/State* _____

Confirmation _____
Date _____ *Church* _____ *City/State* _____

Occupation _____

Place of Employment _____

Job Status: Full-Time Part-Time Homemaker Student

Unemployed Retired Military

Education: _____ **Top Level Achieved:** _____

Get Involved!

Would you like to become involved in parish life? If so, check all areas of interest.

Adoration Eucharistic Min Parish Nursing Religious Ed St. Rita of Cascia

Altar Servers Homebound Prayer Chain Sacred Music Stephen Ministry

Art/Environmt Knights of Col Quilting St. Anthony's Usher

Bereavement Martha Ministry RCIA Women's Welcoming

Cathedral Kitch Mercy Outreach Readers St. Peregrine Youth

Individual Minor Registration (Under 21 Years Old)

Please complete a separate form for each minor member of the household. Check appropriate choices or print information as requested in the spaces below.

Member Role: Daughter Son Stepdaughter Stepson Granddaughter Grandson

First Name _____ **Middle Name** _____

Last Name _____

Birth Date _____ **Birthplace** _____

Father's Full Name

Same as Family Registration

Mother's Full Name

Same as Family Registration

Health: Healthy Ill _____ Disabled _____

Ethnicity: Caucasian African American Hispanic Korean

Filipino Mixed Other _____

Religion: Roman Catholic Eastern Rite Catholic Eastern Orthodox Protestant Christian

Jewish Muslim Other _____

Sacramental Record

Baptism _____
Date _____ *Church* _____ *City/State* _____

Communion _____
Date _____ *Church* _____ *City/State* _____

Confirmation _____
Date _____ *Church* _____ *City/State* _____

School: _____

Current Grade Level: _____

Would you like information for:

Catholic School: Yes **Religious Education:** Yes

No No

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