

Our Lady of Good Counsel

137 West Upper Ferry Road ▪ West Trenton, NJ 08628

Parish Registration Form

FAMILY INFORMATION		
Family Last Name:		
Street Address:		Apt. No:
City:	State:	Zip:
Primary Phone No:		Primary Cell Phone No.:
Primary Email Address:		Alternate Email Address:

HOUSEHOLD INFORMATION		
	Head of Household	Spouse
First Name & Middle Name:		
Last Name (if different from above):		
Role (Head of House, Husband, Wife):		
Maiden Name:		
Date of Birth:		
Religion:		
Occupation/Employer:		
Marital Status (single, married, separated, divorced, widowed):		Date Married:
Married by Priest/Deacon: Y / N	Where? (Parish if applicable, City, State):	
Does anyone in your home have talents/skills they would like to share with the parish?	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Please describe:	
Is any member of the household homebound?	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Who?	
Does anyone in your home have special needs or disabling conditions?	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Please describe:	

SACRAMENT INFORMATION		
	Head of Household	Spouse
<i>(Please provide Parish, City, State, and Date, if known):</i>		
Baptism	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
First Communion	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Confirmation	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>

FAMILY MEMBERS

First Name & Middle Name:	Last Name:	Relationship:
Date of Birth:	Birthplace City/State:	
Sacrament Information <i>(Please provide Parish, City, State, & Date, if known):</i>		
Baptism:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
First Communion:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Confirmation:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Married:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	

First Name & Middle Name:	Last Name:	Relationship:
Date of Birth:	Birthplace City/State:	
Sacrament Information <i>(Please provide Parish, City, State, & Date, if known):</i>		
Baptism:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
First Communion:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Confirmation:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Married:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	

First Name & Middle Name:	Last Name:	Relationship:
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Sacrament Information <i>(Please provide Parish, City, State, & Date, if known):</i>		
Baptism:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
First Communion:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Confirmation:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Married:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	

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Sacrament Information <i>(Please provide Parish, City, State, & Date, if known):</i>		
Baptism:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
First Communion:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Confirmation:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	
Married:	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	