St. Peter Roman Catholic Church

406 Forman Avenue
Point Pleasant Beach, NJ 08742
732-892-0049

Once you have completed this form, you may return it to us by mail, or email it to us at office@saintpetersonline.org. Our parish office is open M-TH from 9:30 a.m. – 3:00 p.m.

FAMILY REGISTRATION FORM

Last Name: _____ **First Name:** _____

Mailing Address: _____
Street **City** **Zip**

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Family Members
(Please only include members residing at your residence. Adult children over the age of 21 should register with their parish.)

Sacraments: Please enter the date the family member received the sacrament. If the date isn't known, just indicate if the sacrament was received.

Family Members (including self)	Maiden Name	Family Relationship	M/F	Date of Birth	Marital Status	Religion	Baptism Y/N If Yes, Where?	1st Communion Y/N	Confirmation Y/N

Is there someone residing with you who should be on our Communion/Sick Call List? _____ **Yes** _____ **No** **Name:** _____

Are there members of your family enrolled in St. Peter School? _____ **Yes** _____ **No**

Are there members of your family enrolled in our Religious Education Program? _____ **Yes** _____ **No**

How would you like to contribute? _____ **Contribution Envelopes** _____ **Electronic Giving (Parish Giving)**