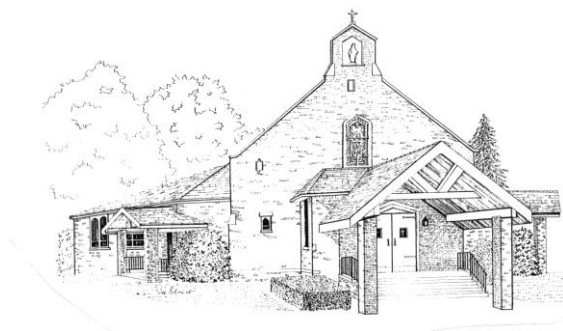


# OUR LADY OF THE LAKE PARISH

294 Sparta Avenue, Sparta, NJ 07871  
(973) 729-6107, Fax: (973) 729-7203  
[www.ourladyofthelake.org](http://www.ourladyofthelake.org) E-mail: [info@ourladyofthelake.org](mailto:info@ourladyofthelake.org)

## PARISH REGISTRATION FORM



Dear Parishioner:

Thank you for taking the time to complete and return this parish census form. This information enables us to serve you better, and run our church more efficiently in the Catholic community.

Start by completing the information below and then, please complete the information on the following pages for all the members in your family, and answer the questions to the best of your knowledge. If you have any questions, please call our parish office and we will be glad to assist you.

**THIS INFORMATION WILL BE HELD IN THE  
STRICTEST CONFIDENCE FOR PASTORAL USE  
----- ONLY -----**

### FAMILY INFORMATION

LAST NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

UNLISTED OR CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PO BOX OR APARTMENT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE USE ONLY: Parish Area \_\_\_\_\_ Registry Date \_\_\_\_\_ Envelope # \_\_\_\_\_

**ADULT FAMILY MEMBER #1 - Head of Household (PLEASE PRINT LEGIBLY)**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
WORK PHONE NUMBER:	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
OCCUPATION	FIRST LANGUAGE:	SECOND LANGUAGE:
EDUCATION	HIGHEST GRADE LEVEL ACHIEVED	

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM	
DENOMINATION: <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Episcopalian <input type="checkbox"/> Presbyterian <input type="checkbox"/> Jewish <input type="checkbox"/> Other: _____		CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: ____ _ M M D D Y Y Y Y CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	DATE OF MARRIAGE ____ _ M M D D Y Y Y Y MAIDEN NAME::	MARRIED BY A CATHOLIC PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO

**ADULT FAMILY MEMBER #2 (PLEASE PRINT LEGIBLY)**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
WORK PHONE NUMBER:	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
OCCUPATION	FIRST LANGUAGE:	SECOND LANGUAGE:
EDUCATION	HIGHEST GRADE LEVEL ACHIEVED	RELATIONSHIP (Spouse, son, daughter)

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM	
DENOMINATION: <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Episcopalian <input type="checkbox"/> Presbyterian <input type="checkbox"/> Jewish <input type="checkbox"/> Other: _____		CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: ____ _ M M D D Y Y Y Y CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	DATE OF MARRIAGE ____ _ M M D D Y Y Y Y MAIDEN NAME::	MARRIED BY A CATHOLIC PRIEST? <input type="checkbox"/> YES <input type="checkbox"/> NO

**DEPENDENT CHILD #1 (PLEASE PRINT LEGIBLY)**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM  CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y

**DEPENDENT CHILD #2 (PLEASE PRINT LEGIBLY)..**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM  CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y

**DEPENDENT CHILD #3 (PLEASE PRINT LEGIBLY)**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION:	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM  CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION M M D D Y Y Y Y

**Please request an additional sheet if there are more than three dependent children.**

## TIME AND TALENT

Were you involved in your last parish? \_\_\_\_\_

What ministries were you involved in? \_\_\_\_\_

Would you like to continue that ministry here? \_\_\_\_\_

Is there another area of volunteer work you would like to participate in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

### INTEREST IN THE FOLLOWING PARISH ACTIVITIES: (CHECK ALL THAT APPLY)

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Usher        | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Choir Member/ Cantor / Musician | <input type="checkbox"/> Religious Ed. Teacher/Assistant |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Lector/Reader        | <input type="checkbox"/> Vacation Bible School           | <input type="checkbox"/> Confirmation Teacher or Sub     |

### INTEREST IN BEING A MEMBER OF THE FOLLOWING PARISH TEAMS: (CHECK ALL THAT APPLY)

- |                            |   |                                    |  |  |
|----------------------------|---|------------------------------------|--|--|
| <b>CATHOLIC EDUCATION:</b> | <b>Rite Of Christian Initiation For Adults (RCIA)</b> |                                    |  |  |
|                            | <input type="checkbox"/> Become a Catholic            | Adult Education Discussion Groups: |  | <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> |
|                            | <input type="checkbox"/> Complete My Sacraments       | Home                               |  |  |

### MEMBERSHIP OR INTEREST IN THE FOLLOWING: (CHECK ALL THAT APPLY)

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Arimathea              | <input type="checkbox"/> Rainbows                  | <input type="checkbox"/> Sacristy Care            | <input type="checkbox"/> Parish Events Committee | <input type="checkbox"/> Legion of Mary      |
| <input type="checkbox"/> Blood Drive Committee  | <input type="checkbox"/> Respect Life              | <input type="checkbox"/> Library                  | <input type="checkbox"/> Beefsteak Committee     | <input type="checkbox"/> Knights of Columbus |
| <input type="checkbox"/> Community Outreach     | <input type="checkbox"/> Legislative Advocacy      | <input type="checkbox"/> Babysitting (10:30 Mass) | <input type="checkbox"/> CYO Basketball Coach    | <input type="checkbox"/> Columbiettes        |
| <input type="checkbox"/> Haiti Committee        | <input type="checkbox"/> Operation Rice Bowl       | <input type="checkbox"/> Parents Support Group    | <input type="checkbox"/> Carnival                | <input type="checkbox"/> Squires             |
| <input type="checkbox"/> Interfaith Hospitality | <input type="checkbox"/> Shoebox Ministry          | <input type="checkbox"/> Pre-Cana Team            | <input type="checkbox"/> Parish Picnic Committee |  |
| <input type="checkbox"/> Assist in Food Drives  | <input type="checkbox"/> Coupons for the Community | <input type="checkbox"/> Prayer Chain             | <input type="checkbox"/> Women's Social Group    |  |
| <input type="checkbox"/> Manna House            | <input type="checkbox"/> Stewardship Committee     | <input type="checkbox"/> Prayer Shawl             | <input type="checkbox"/> OLL Seniors             |  |

**DEPENDENT CHILD #4 (PLEASE PRINT LEGIBLY)**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION:	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM  CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: ____ _ M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y

**DEPENDENT CHILD #5 (PLEASE PRINT LEGIBLY)**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION: - NAME OF LAST SCHOOL ATTENDED	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM  CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: ____ _ M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y

**DEPENDENT CHILD #6 (PLEASE PRINT LEGIBLY)**

FIRST AND LAST NAME (PLEASE PRINT)	NICKNAME	DATE OF BIRTH
RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH
EDUCATION:	HIGHEST GRADE LEVEL ACHIEVED	MARITAL STATUS

**SACRAMENTS**

BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BAPTISM: ____ _ M M D D Y Y Y Y	NAME AND ADDRESS OF CHURCH OF BAPTISM  CONVERTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVED 1 <sup>ST</sup> COMMUNION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF 1 <sup>ST</sup> COMMUNION: ____ _ M M D D Y Y Y Y	CONFIRMED AS CATHOLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONFIRMATION ____ _ M M D D Y Y Y Y