



<h2 style="margin: 0;">St. Joseph Church - Parish Registration Form</h2> <p style="margin: 0;">59 Main Street, High Bridge, NJ 08829 (908) 638-6211 FAX (908) 638-5802 <a href="mailto:parishoffice@shchb.org">parishoffice@shchb.org</a></p>	<b>Date:</b>  
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<b>Family Last Name:</b>	<b>Family Mailing Address:</b>		
<b>Adult First Name(s):</b> (e.g., Joseph & Mary)	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Family E-Mail Address:</b>	<b>Emergency Phone:</b>		
In order to claim tax deductible charitable contributions, you must have a receipt from the charity. We cannot provide a receipt unless you use offering envelopes.		<b>Do You Prefer to <u>Not</u> Receive Offering Envelopes?</b> Yes <input type="radio"/>	
<b>Former Parish Name, location:</b>			

**Adult Family Member(s):**

<b>Primary Registrant First Name:</b>			<b>Spouse First Name:</b>		
<b>Phone:</b>	<b>Cell Phone:</b>	<b>Phone:</b>	<b>Cell Phone:</b>	<b>Phone:</b>	<b>Cell Phone:</b>
<b>E-Mail Address:</b>			<b>E-Mail Address:</b>		
<b>Occupation:</b>	<b>Religion:</b>	<b>Date of Birth:</b>	<b>Occupation:</b>	<b>Religion:</b>	<b>Date of Birth:</b>
<b>Marital Status:</b> Single <input type="checkbox"/> Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>				<b>Wife's Maiden Name (if married):</b>	
<b>Church Marriage Info, Marriage Date:</b>		<b>Marriage Location &amp; Church Name:</b>			

**Dependent children or adults living at home:**

Dependent Name:	Relationship to Primary Registrant:	Religion:	Birth Date:	If in Grade 1-9, are you interested in enrolling the child in Religious Education?
				Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>

<b>Does anyone in the family have any special needs? (Explain)</b>	<b>A small country parish with a big country heart.</b>
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**Non-dependent adults 21 or older are encouraged to register separately.**

## St. Joseph Parish Registration Form – Page 2

Family Name:

**Sacramental Information:** If “Yes” and you do not know exact dates, please approximate the date.

<b>Primary Registrant First Name:</b>	<b>Sacrament Received?</b>	<b>Date (if known)</b>	<b>Parish Name, Location:</b>
Baptism	Yes <input type="radio"/> No <input type="radio"/>		
First Eucharist	Yes <input type="radio"/> No <input type="radio"/>		
Confirmation	Yes <input type="radio"/> No <input type="radio"/>		
<b>Adult 2 First Name:</b>	<b>Sacrament Received?</b>	<b>Date (if known)</b>	<b>Parish Name, Location:</b>
Baptism	Yes <input type="radio"/> No <input type="radio"/>		
First Eucharist	Yes <input type="radio"/> No <input type="radio"/>		
Confirmation	Yes <input type="radio"/> No <input type="radio"/>		
<b>Dependent 1 First Name:</b>	<b>Sacrament Received?</b>	<b>Date (if known)</b>	<b>Parish Name, Location:</b>
Baptism	Yes <input type="radio"/> No <input type="radio"/>		
First Eucharist	Yes <input type="radio"/> No <input type="radio"/>		
Confirmation	Yes <input type="radio"/> No <input type="radio"/>		
<b>Dependent 2 First Name:</b>	<b>Sacrament Received?</b>	<b>Date (if known)</b>	<b>Parish Name, Location:</b>
Baptism	Yes <input type="radio"/> No <input type="radio"/>		
First Eucharist	Yes <input type="radio"/> No <input type="radio"/>		
Confirmation	Yes <input type="radio"/> No <input type="radio"/>		
<b>Dependent 3 First Name:</b>	<b>Sacrament Received?</b>	<b>Date (if known)</b>	<b>Parish Name, Location:</b>
Baptism	Yes <input type="radio"/> No <input type="radio"/>		
First Eucharist	Yes <input type="radio"/> No <input type="radio"/>		
Confirmation	Yes <input type="radio"/> No <input type="radio"/>		
<b>Dependent 4 First Name:</b>	<b>Sacrament Received?</b>	<b>Date (if known)</b>	<b>Parish Name, Location:</b>
Baptism	Yes <input type="radio"/> No <input type="radio"/>		
First Eucharist	Yes <input type="radio"/> No <input type="radio"/>		
Confirmation	Yes <input type="radio"/> No <input type="radio"/>		
<b>Dependent 5 First Name:</b>	<b>Sacrament Received?</b>	<b>Date (if known)</b>	<b>Parish Name, Location:</b>
Baptism	Yes <input type="radio"/> No <input type="radio"/>		
First Eucharist	Yes <input type="radio"/> No <input type="radio"/>		
Confirmation	Yes <input type="radio"/> No <input type="radio"/>		

This registration form can be completed manually and submitted to the Parish Office. If you download the PDF from the parish website, it can be completed with a computer using Adobe Reader software. If you select that method, save the completed PDF and attach the PDF to an E-mail message to a message addressed to [parishoffice@sjchb.org](mailto:parishoffice@sjchb.org).