Individual Family Member Information Sheet

Church of St. Philip & St. James, 430 So. Main St., Phillipsburg, NJ 08865

908-454-0112

Date:_____

Title: Mr. Mrs. Miss Ms. Dr. Other_____

_____ _____ _____

First Name MI Last Name Maiden Name

_____ ___/___/____ Male or Female _____

Birthplace Date of Birth Sex Nickname

Please classify this individual: Head of Household, Spouse, Child, Grandparent, Other Adult

Marital Status: Single Divorced Separated Widow/er

Married: Date: ___/___/____ Name of Church:_____

Is your marriage recognized by the Roman Catholic Church? Yes or No

Occupation:_____

Work Phone Number: ____ _____-_____

If Student, School Name:_____Grade:_____

Religion: Roman Catholic: Yes or No Other_____

Mass Attendance: Regular Frequently Occasionally Rarely Never Homebound

Other Sacramental Dates: If you do not know the exact dates, please complete the year and any other information as best as you can.

	Date	Name of Church, Town, & State
Baptism:	____/___/____	_____
First Penance:	/ /	
Communion:	____/___/____	_____
Confirmation:	____/___/____	_____
Other:	____/___/____	_____

Languages: English Spanish Other

Disability:_____Ethnicity:_____