



CHURCH OF THE ANNUNCIATION

Parish Registration and Census Information

Parish Center and Mailing Address:
 49 Demarest Road
 Paramus, NJ 07652-2109
 (201) 261-6322
 Fax: (201) 261-6227

All information is for Church use only and will be kept confidential.

Last Name: _____

First Name(s) of Heads of Household: _____

Address: _____

Home Phone: _____

If no home phone, provide number to which you wish calls for all family members to be directed (i.e. the family's primary phone number).

Date: _____

Please choose one:

- Please send me/us contribution envelopes for weekly offerings.
- I/We prefer not to use contribution envelopes for weekly offerings.

For internal use

Would you like to receive information about making your offerings through electronic giving?

- Yes
- No

Head(s) of Household

Household Role (e.g. Husband, Wife, Head)		
Title (e.g. Mr., Mrs., Miss, Dr.)		
First Name		
Nickname		
Last Name		
Suffix (e.g. Sr., Jr., III)		
Maiden Name If applicable		
Date of Birth Month-Day-Year		
Religion		
E-mail Address		
Special Needs (e.g. Homebound, Blind)		
Work Phone		
Cell Phone		
Occupation		
Education Highest Level		
Language(s) Spoken Other than English		
Ethnic Origin (e.g. Croatian, Italian/German, Irish/English/French)		
Sacraments	<input type="radio"/> Baptism <input type="radio"/> Reconciliation (Penance) <input type="radio"/> First Communion <input type="radio"/> Confirmation	<input type="radio"/> Baptism <input type="radio"/> Reconciliation (Penance) <input type="radio"/> First Communion <input type="radio"/> Confirmation
Marital Status Single, Married, Separated, Divorced, Widowed		
Date of Marriage Month-Day-Year		
Married by Priest, Minister, or Civil		
Talents to Share (e.g. Baking, Carpentry)		

Minors Living at Home

Household Role (e.g. Daughter, Son)			
First Name	1	2	3
Nickname			
Last Name			
Suffix			
Date of Birth			
Religion			
Special Needs			
Language(s) Spoken Other than English			
Ethnic Origin			
Sacraments	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation (Penance) <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation (Penance) <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation (Penance) <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation

Household Role (e.g. Daughter, Son)		
First Name	4	5
Nickname		
Last Name		
Suffix		
Date of Birth		
Religion		
Special Needs		
Language(s) Spoken Other than English		
Ethnic Origin		
Sacraments	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation (Penance) <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation (Penance) <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation

Adults Living with You

Household Role (e.g. Mother, Grandfather, Daughter)		
Title		
First Name		
Nickname		
Last Name		
Suffix		
Maiden Name If applicable		
Date of Birth		
Religion		
E-mail Address		
Special Needs		
Work Phone		
Cell Phone		
Occupation		
Education		
Language(s) Spoken Other than English		
Ethnic Origin		
Sacraments	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation (Penance) <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation (Penance) <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation
Marital Status		
Date of Marriage		
Married by		
Talents to Share		