

PLEASE PRINT

OUR LADY STAR OF THE SEA CHURCH  
204 Espanong Rd. – PO Box 337  
Lake Hopatcong, NJ 07849

Envelope # \_\_\_\_

Today's Date \_\_\_\_\_ Updated \_\_\_\_\_  
Print name, Address & Phone in Directory Yes  No   
New  Currently Registered

**CHURCH PARTICIPATION (Yes – No) Check all that apply below:**

Husband: Weekly Mass \_\_\_ Shut-in \_\_\_ Disabled \_\_\_ Bap \_\_\_ Com \_\_\_ Conf \_\_\_  
Wife: Weekly Mass \_\_\_ Shut-in \_\_\_ Disabled \_\_\_ Bap \_\_\_ Com \_\_\_ Conf \_\_\_  
Status: Married  Single  Widowed  Divorced  Separated   
MARRIED BY PRIEST? \_\_\_\_

**CHURCH INTERESTS- PARISH ORGANIZATIONS**

Altar Rosary Society F- Lector F- M-  
CCD Teacher / Aide F-  M- C- RCIA-name \_\_\_\_\_  
Choir F- M- Usher F- M-  
Eucharistic Minister F- M- Volunteer Other F- M-

DATE FIRST JOINED \_\_\_\_\_ FORMER PARISH \_\_\_\_\_ EMAIL \_\_\_\_\_  
OLSOS CHURCH \_\_\_\_\_

LAST NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HUSBAND FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WIFE FIRST NAME \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_ DOB \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**LIST CHILDREN**

**BAPTISM**

**COMMUNION**

**CONFIRMATION**

| NAME | DOB | RELIGION | BAPTISM |      | COMMUNION |      | CONFIRMATION |      |
|------|-----|----------|---------|------|-----------|------|--------------|------|
|      |     |          | PLACE   | Date | PLACE     | Date | PLACE        | Date |
|      |     |          |         |      |           |      |              |      |
|      |     |          |         |      |           |      |              |      |
|      |     |          |         |      |           |      |              |      |
|      |     |          |         |      |           |      |              |      |
|      |     |          |         |      |           |      |              |      |
|      |     |          |         |      |           |      |              |      |

**OTHERS LIVING WITH YOU: RELATIONSHIP AGE COMMENTS**

| OTHERS LIVING WITH YOU: | RELATIONSHIP | AGE | COMMENTS                                                             |
|-------------------------|--------------|-----|----------------------------------------------------------------------|
|                         |              |     | SHUT-IN- <input type="checkbox"/> DISABLED- <input type="checkbox"/> |
|                         |              |     | SHUT-IN- <input type="checkbox"/> DISABLED- <input type="checkbox"/> |
|                         |              |     | SHUT-IN- <input type="checkbox"/> DISABLED- <input type="checkbox"/> |

USE REVERSE SIDE FOR ADDITIONAL INFORMATION ENTERED IN: CATHEDRAL \_\_\_\_\_ ENVELOPE LIST \_\_\_\_\_ CARD FILE \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO THE CHURCH OR RECTORY (MAIL BOX IN BACK) ASAP. THANK YOU