

OUR LADY OF FATIMA CHAPEL
PEQUANNOCK, NEW JERSEY

CENSUS QUESTIONNAIRE
REGISTRATION FORM

Please print :

Date : _____ / _____ / _____

Family Name : _____

Address : _____

City : _____

State : _____ ZIP : _____

Telephone :

1. Home : _____

2. Work : _____

3. Cell : _____

4. other : _____

e-mail address : _____

How often do you attend Mass here ?

- daily - every Sunday - other (please explain) : _____

Are you a registered parishioner here? Yes / No.

If not, do you wish to register her? Yes / No.

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PROFESSIONAL REFERRALS

Name: _____

Company: _____

Work telephone: _____

Professional e-mail: _____

Profession / speciality: _____

May we include this information on a contact list for use by parishioners: Yes / No

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DESCRIPTION	First Name	Middle Initial	Marital Status	Date of Birth	Baptized Y/N	1st Communion Y/N	Confirmation Y/N
HEAD OF HOUSE							
SPOUSE							
CHILDREN AT HOME (include those away at college...)	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Other adults living at home							