SAINT JAMES THE LESS ROMAN CATHOLIC CHURCH
36 Lincoln Drive, Jamesburg, NJ 08831; Tel. 721-521-0100
https://stjamesthelessrc.org

PARISH MEMBERSHIP FORM

Please fill out and submit to the Parish Office.

I. REGISTRANT: Head of the Household.

Head of the Household

Name: _____ Sex: M / F
Address: _____

Date of Birth : _____ Tel. No: _____
Email : _____

Are you currently registered in another parish? Yes / No
If yes, name of parish: _____

Civil Status: □ Single □ Married □ Widowed □ Divorced
□ Other (specify): _____

Religion: _____
Sacraments: □ Baptism □ Communion □ Confirmation □ Marriage

If Married in the Catholic Church, please indicate:
Date of Marriage : _____ Place of Marriage: _____

II. CO-REGISTRANT:

Another adult who shares in the management or care of your home who may your spouse or any family member. If not applicable, leave this section blank.

Name: _____ Sex: M / F
Relationship to Registrant: □ Spouse □ Sibling □ Parent □ Divorced
□ Other (specify):_____

Date of Birth : _____ Tel. No: _____
Email : _____

Are you currently registered in another parish? Yes / No
If yes, name of parish: _____

Civil Status: □ Single □ Married □ Widowed □ Divorced
□ Other (specify): _____

Religion: _____
Sacraments: □ Baptism □ Communion □ Confirmation □ Marriage

If Married in the Catholic Church, please indicate:
Date of Marriage : _____ Place of Marriage: _____

III. Household Members

Please list all individuals who currently live in your household other than yourself and your co-registrant. This is to support your family more meaningfully through our faith formation, and parish life.

A. Your Children (under 18)

Children for whom you are a parent or a legal guardian.

Name	Date of Birth	Relationship to Registrant	Grade Level	Sacraments
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage

B. Other Children (under 18)

Other minors living with you (e.g., grandchildren, nieces/nephews, foster children, etc.

Name	Date of Birth	Relationship to Registrant	Grade Level	Sacraments
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage

C Other Adults (18 and over)

Adults living in your household (e.g., grandparents, parents, siblings, adult children, extended family members, caregivers, etc.

Name	Date of Birth	Relationship to Registrant	Grade Level	Sacraments
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage
				□ Baptism □ Communion □ Confirmation □ Marriage

V. Additional Information.

A. SPECIAL NEEDS OF ACCESSIBILITY.

Do any members of your household have special needs or require accessibility accommodations? □ Yes □ No

If yes, please share anything you feel comfortable disclosing :

_____

_____

_____

B. AREAS OF INTEREST.

Would you or anyone in your household like to receive more information about being any of the following? (Please check all that apply.)

□ Lector □ Altar Server

□ Eucharistic Minister □ Usher

□ Catechist □ Choir Member

□ Parish Committee Member □ Other: _____.

C. A PERSONAL WELCOME!

A friendly hello can make a difference. Would you like a member of our clergy or staff to to reach out to you? □ Yes □ No, thank you!

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM! Feel free to contact us for any questions or concerns anytime! Lastly, we ask you to sign below and return this form to the parish office.

_____

Signature

Registration Date: _____ Faith Direct: Y / N

Envelope No: _____ Staff Initial: _____