Envelope # _____

Date of Registration _____

Church of Saint James

Basking Ridge, NJ

Family Name _____

Street Address _____

City _____ State ____ Zip _____

Change of Address _____

Date of Change _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail Address _____

Occupations _____

List all family members including self	Wife's Maiden Name or other different last names	Sex	Date of birth	**Marriage**			Religion	**Sacramental History**				Handicap-Disability?	St. James School Alumni? Y/N
				Marital Status	Date of Marriage	Marriage recognized by the Catholic Church?		Baptism	Date- if known	1st Communion	Confirmation		
1													
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