Envelope# _____

Church of Saint James Basking Ridge, New Jersey

FAMILY NAME _____ DATE OF REGISTRATION _____

STREET ADDRESS:_____ PHONE NUMBER _____

_____ LISTED _____ UNLISTED _____

CITY STATE ZIPCODE

CELL PHONE NUMBER_____

CHANGE OF ADDRESS _____ EMAIL ADDRESS _____

DATE OF CHANGE _____ OCCUPATION _____

	LIST ALL FAMILY MEMBERS INCLUDING SELF	WIFE'S MAIDEN NAME AND/OR LAST NAME OF FAMILY MEMBER, IF DIFFERENT FROM FAMILY NAME GIVEN ABOVE	FAMILY RELATIONTIONSHIP	SEX	DATE OF BIRTH	MARRIAGE				RELIGION	SACRAMENTAL HISTORY				HANDICAP	ARE YOU AN ALUMNI OF SAINTJAMES SCHOOL? IF YES, IN WHAT YEAR DID YOU GRADUATE?
						MARITAL STATUS	DATE OF MARRIAGE	MARRIAGE RECOGNIZED BY CATHOLIC CHURCH			BAPTISM	DATE IF KNOWN	FIRST EUCHARIST	CONFIRMATION		
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