

FOR OFFICE USE ONLY: AREA: \_\_\_\_\_  
 DATE ENTERED: \_\_\_\_\_ LETTER SENT: \_\_\_\_\_  
 FAITH DIRECT \_\_\_\_\_ ENV. # \_\_\_\_\_

## Saint Maximilian Kolbe Church

130 Saint Maximilian Lane  
 Toms River, New Jersey 08757

Phone: 732-914-0300  
 Fax: 732-240-9517  
 www.stmaximiliankolbechurch.com

Welcome to our parish. Please complete the following registration form. Printing clearly will help us greatly in entering the information accurately into our database. Please call us if you have any questions.

FAMILY NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ DATE \_\_\_\_\_  
 (Please Print)

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
 (Street Number) (City)

FIRST NAME	M.I.	DOB	REL	BAP	1 <sup>ST</sup> COMM	CONF.	MASS ATTENDANCE			MARRIAGE RECOGNIZED BY CATHOLIC CHURCH? YES _____ NO _____
							REG.	OCC.	H-Bound	
Husband or Single Male										
Wife or Single Female										

**LIST BELOW ADULT (OVER 19) RELATIVES, BOARDERS OR DOMESTICS LIVING WITH ABOVE FAMILY**

FIRST NAME	M.I.	LAST NAME	DOB	REL	BAP	1 <sup>ST</sup> COMM	CONF.	MASS ATTENDANCE			RELATION
								REG.	OCC.	H-Bound	

If you are unable to come to Mass and receive the sacraments, can we arrange for an Extraordinary Minister of Holy Communion, a member of the Pastoral Care team visit you? YES \_\_\_\_ or NO \_\_\_\_

The day(s) and times(s) which are most convenient to you are:

If there should ever be a time that you would like to talk with a priest, please feel free to call the parish office.

**PLEASE CHECK BELOW ANY MINISTRY YOU WISH TO TAKE PART IN:**

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> CHOIR            | <input type="checkbox"/> LECTOR          | <input type="checkbox"/> USHER             | <input type="checkbox"/> EUCHARISTIC MINISTER         | <input type="checkbox"/> ALTAR SERVER         |
| <input type="checkbox"/> ALTAR ROSARY     | <input type="checkbox"/> LEGION OF MARY  | <input type="checkbox"/> HOLY NAME         | <input type="checkbox"/> BINGO KITCHEN HELP           | <input type="checkbox"/> BINGO HELP           |
| <input type="checkbox"/> GREETERS         | <input type="checkbox"/> HOSPITALITY     | <input type="checkbox"/> PRAYER SHAWL TEAM | <input type="checkbox"/> HOMEBOUND & SICK VISITATIONS | <input type="checkbox"/> BEREAVEMENT MINISTRY |
| <input type="checkbox"/> FUNDRAISING TEAM | <input type="checkbox"/> SOCIAL CONCERNS | <input type="checkbox"/> OTHER             |   |   |

**TO BE HELPFUL WITH CHURCH CONTRIBUTIONS, PLEASE CHOOSE ONE OF THE FOLLOWING:**

FAITH DIRECT If you choose to use Faith Direct, please be sure to fill in the Faith Direct form or log on to Faith Direct's website at [www.faithdirect.net](http://www.faithdirect.net).

OFFERING ENVELOPES If you choose to make contribution by the use of Offering Envelopes, please allow 3-4 weeks to process your registration and for your envelopes to arrive.

*Thank you and welcome to Saint Maximilian Kolbe Church*