



Church of Saint Anne
stannegarwood.com

CHURCH OF SAINT ANNE

325 Second Avenue Garwood, NJ 07027
908-789-0280 stannegarwood@gmail.com
Registration Form

Family Name: _____ **Date of Registration:** _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

E-mail _____

PERSONAL INFORMATION

Head of House	Spouse	Children (under23; over age 23 should register separately)			
First & Last Name (Maiden if applicable)					
Date of Birth:					
Catholic (Y/N)					
Baptism date:					
1 st Communion date:					
Confirmation Date:					
Wedding date:					
Occupation:					
School:					

How did you first learn of our Church? Newspaper ___ Mailing ___ Friend/family ___ Other _____

I would like more information about: ___ Becoming a Catholic ___ Bible Study/Faith Formation ___ Fellowship opportunities
___ Volunteer Opportunities ___ Religious Education for Children

Parish Time, Talent, and Thanksgiving Opportunities

Please list the family member's name next to the ministry in which he/she chooses to participate

Faith Formation Evangelization Ministry	Family Member(s)
Children's Ministry	
Pre-Marriage Preparation	
RCIA participant	
RCIA sponsor	
RCIA Team	
Sacramental Preparation	
Youth Ministry	
Religious Education	

Stewardship Ministry	Family Member(s)
Church Cleaning	
Church Decorating	
Grounds	
Meet & Eat BBQ	
Parish Appeal	
Senior Euchre	

Spiritual Worship Life Ministry	Family Member(s)
Children's Liturgy	
Choir/Cantor	
Discussion Group	
Lector	
Extraordinary Minister of Holy Communion	
Prayer Group	
Server	
Usher/Greeter	

Christian Outreach Service Ministry	Family Member(s)
Giving Tree	
Food Pantry	
Extraordinary Minister of Holy Communion to the Homebound	
Christmas Baskets	
Right to Life	
Intergroup/AA	

Are there other talents or skills you would like to share? _____