



SACRED HEART  
ST. JOAN OF ARC • ST. BARTHOLOMEW  
CAMDEN, NEW JERSEY

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Phone: (856) 966-6700

**Please complete this form and send to the email address above. We welcome YOU!**

Mr./Mr. & Mrs./Ms. \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Status \_\_\_ Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed \_\_\_ Other: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Church: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_ Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Filipino \_\_\_ Other \_\_\_\_\_

Baptized: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

**Other Members Living in your Household**

Spouse's First Name: \_\_\_\_\_ M. I. \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_ Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Filipino \_\_\_ Other \_\_\_\_\_

Baptized: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Filipino \_\_\_ Other \_\_\_\_\_

Baptized: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Filipino \_\_\_ Other \_\_\_\_\_

Baptized: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Filipino \_\_\_ Other \_\_\_\_\_

Baptized: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Confirmation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Do you wish to speak to a priest? \_\_\_\_\_

Do you wish for your house to be blessed? \_\_\_\_\_

Would you like to subscribe to The Catholic Star Herald? \_\_\_\_\_

Please contact us for further information.