

Saint Joseph Church

Oradell/New Milford, New Jersey



Saint Joseph Parish Office
105 Harrison Street
New Milford, NJ 07646

Website: www.sjcnj.org

Email: office@sjcnj.org

Parish Office: 201-261-0148

Our Parish Mission Statement

As a family of faith, Saint Joseph Parish welcomes everyone to encounter Jesus Christ through Word, Worship, community, and Service. Guided by the Holy Spirit, we are changed for the better and sent forth as disciples of Christ to continue his work in the world.

Thank you so much for your interest in becoming a part of our parish family here at St. Joseph Church. **A parish is a home and a community** where we are loved, accompanied, and supported as we continue to follow Jesus and grow in our faith. Please know that you are very welcome here with us.

To be properly registered in our database, we ask that you please complete the enclosed form in it's entirety as it relates to you and your family situation (*please print as clearly as possible*). This information is only for parish use and will never be shared with outside agencies.

If you have children under the age of 16, we also ask that you include copies of their Baptism Certificate and any additional Sacrament information that they have received to date. This information will become a permanent part of your family record. Please do not send originals; a copy will meet our needs.

We are a people who are on fire with love for the Lord and our parish is very active. I encourage you to be active members and **consider joining us in our mission** by volunteering in one of our many ministries/activities and by supporting us financially. Parishes significantly rely on the financial support of their parishioners in order to fund our programs, pay the staff, and care for the buildings and grounds. When we share our gifts with others, we show our gratitude to God. **Every contribution that we receive matters!** By registering with the parish, you will be automatically added to the envelope system and will receive contribution envelopes by mail. If you would like to donate electronically, please **scan the below QR code** or visit our website sjcnj.org and click on **“Make a Donation.”**

If you have any questions, please feel free to contact the parish office at 201-261-0148. Our staff will be happy to help you.

In prayer and gratitude,

A handwritten signature in black ink that reads "Rev. Christian G. Scalo".

Rev. Christian G. Scalo
Administrator

To View Our Community



To Support Our Mission



FAMILY NAME	REGISTRATION NO.	ENTERED PS	DPM	LETTER
		DATE OF REGISTRATION _____		
REGISTERED BY _____				

SAINT JOSEPH PARISH REGISTRATION

FAMILY LAST NAME

FAMILY GROUP CONTACT INFORMATION

NAME FOR MAILING

EXAMPLES: MR. & MRS. JOHN DOE / MR. JOHN DOE / MS JANE DOE

COMPLETE HOME ADDRESS

HOME PHONE

FAMILY E-MAIL ADDRESS

Supply one e-mail address that may be used to contact the family as a group.

INDIVIDUAL MEMBER INFORMATION

MEMBER 1

MEMBER 2

1 MEMBER'S COMPLETE NAME

2 MEMBER'S COMPLETE NAME

MR./MRS./MS/MISS	
FIRST	
MIDDLE	
LAST	
if applies SUFFIX	
if applies MAIDEN NAME	
if applies NICK NAME	
GENDER	
DATE OF BIRTH	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED
FAMILY ROLE	<input type="checkbox"/> SOLE HEAD OF THE HOUSEHOLD <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE
EDUCATION	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> BACHELORS <input type="checkbox"/> 13 YRS. + <input type="checkbox"/> DOCTORATE <input type="checkbox"/> ASSOCIATE
OCCUPATION	
CELL PHONE	
WORK PHONE	
PERSONAL EMAIL	
RELIGION	
SACRAMENT	RECEIVED
BAPTISM	
RECONCILIATION	
FIRST EUCHARIST	
CONFIRMATION	

MR./MRS./MS/MISS	
FIRST	
MIDDLE	
LAST	
if applies SUFFIX	
if applies MAIDEN NAME	
if applies NICK NAME	
GENDER	
DATE OF BIRTH	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED
FAMILY ROLE	<input type="checkbox"/> SOLE HEAD OF THE HOUSEHOLD <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE
EDUCATION	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> BACHELORS <input type="checkbox"/> 13 YRS. + <input type="checkbox"/> MASTERS <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> DOCTORATE
OCCUPATION	
CELL PHONE	
WORK PHONE	
PERSONAL EMAIL	
RELIGION	
SACRAMENT	RECEIVED
BAPTISM	
RECONCILIATION	
FIRST EUCHARIST	
CONFIRMATION	

MARRIAGE — IF MARRIED INDICATE

CATHOLIC MARRIAGE

OTHER FAITH — PLEASE STATE

CIVIL MARRIAGE

DATE _____ CHURCH OR LOCATION _____

DEPENDENT INFORMATION

For a dependent *child age 16 and under* a complete sacrament record is requested. Please submit a copy of the Baptism Certificate and certificates for other sacraments that have been received. The information will be recorded and become a permanent part of your family record on our database.

DEPENDENT CHILD 1

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <small>SON / DAUGHTER / OTHER</small>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.
BAPTISM

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION

DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST

DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION

DATE OF CONFIRMATION AND CHURCH

DEPENDENT CHILD 2

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <small>SON / DAUGHTER / OTHER</small>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.
BAPTISM

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION

DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST

DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION

DATE OF CONFIRMATION AND CHURCH

DEPENDENT CHILD 3

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <i>SON / DAUGHTER / OTHER</i>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD BAPTISM

FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION

DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST

DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION

DATE OF CONFIRMATION AND CHURCH

DEPENDENT CHILD 4

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <i>SON / DAUGHTER / OTHER</i>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD BAPTISM

FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION

DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST

DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION

DATE OF CONFIRMATION AND CHURCH

DEPENDENT ADULT LIVING WITH THE FAMILY

MR./MRS./MS/MISS	
FIRST	
MIDDLE	
LAST	
<i>if applies</i> SUFFIX	
<i>if applies</i> MAIDEN NAME	
FAMILY RELATIONSHIP	
GENDER	
DATE OF BIRTH	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED
EDUCATION	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> 13 YRS. + <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE
OCCUPATION	
CELL PHONE	
WORK PHONE	
PERSONAL EMAIL	
RELIGION	
SACRAMENT	RECEIVED
BAPTISM	
RECONCILIATION	
FIRST EUCHARIST	
CONFIRMATION	
RCIA	