FOR OFFICE USE ONLY: ENV #: ______ DATE ENTERED: PARISH SOFT: _____ PARISH EGIVING: INSTA SET: _____

Saint Maximilian Kolbe Church

130 Saint Maximilian Lane Toms River, New Jersey 08757 Phone: 732-914-0300 Fax: 732-240-9517 www.stmaximiliankolbechurch.com

PARISH EGIVING: _____ INSTA SET: _____ Toms River, New Jersey 08757 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 ______ ADDRESS EMAIL _____ (Street Number) (City) (Zip) MASS ATTENDANCE 1 ST **MARRIAGE** OCC. H-Bound REG. RECOGNIZED BY FIRST NAME M.I. DOB REL BAP COMM CONF. **CATHOLIC CHURCH?** Husband or Single Male YES _____ Wife or NO Single Female LIST BELOW ADULT (OVER 19) RELATIVES, BOARDERS OR DOMESTICS LIVING WITH ABOVE FAMILY MASS ATTENDANCE 1ST FIRST NAME LAST NAME DOB REL BAP COMM CONF. REG. OCC. H-Bound RELATION M.I. 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 YES or NO Pastoral Care team to visit you? 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: HOMEBOUND & SICK VISITATIONS CHOIR LECTOR USHER ALTAR SERVER ALTAR ROSARY LEGION OF MARY EUCHARISTIC MINISTER BINGO KITCHEN HELP BEREAVEMENT MINISTRY **GREETERS** BINGO VOLUNTEER PRAYER SHAWL TEAM **OTHER** TO BE HELPFUL WITH CHURCH CONTRIBUTIONS, If you choose to use Parish eGiving, please be sure to fill in the Parish eGiving form OR log on to our website www.stmaximiliankolbechurch.com to sign up there. PLEASE CHOOSE ONE OF THE FOLLOWING: PARISH eGIVING If you choose to make contributions by the use of Offering Envelopes, please allow 3-4 weeks to process your registration and for your envelopes to arrive. OFFERING ENVELOPES