

St. Damien Parish, Ocean City, NJ

Database Update Form (rev. 2025_05)

Family Last Name		Wife's Maiden Name					
Primary Point of Contact (POC) Phone #		Primary (POC) Email Address:					
Secondary Point of Contact (POC) Phone #		Secondary (POC) Email Address:					
Family Member Circle One	First Name	Last Name (if different than family last name)	Married (M) Widowed (W) Single(S) Divorced(D)	Date of Birth (MM/DD/YYYY)	City of Birth	State of Birth	Send me the Weekly Parish Events email*
Primary POC Mr./Mrs./Ms				/ /			<input type="checkbox"/>
Secondary POC Mr./Mrs./Ms				/ /			<input type="checkbox"/>
Mr./Mrs./Ms/ Child				/ /			<input type="checkbox"/>
Mr./Mrs./Ms/ Child				/ /			<input type="checkbox"/>
Mr./Mrs./Ms/ Child				/ /			<input type="checkbox"/>
Mr./Mrs./Ms/ Child				/ /			<input type="checkbox"/>

*Please add additional family members' information on the back. Include email address to receive the Parish Weekly Events email.

Are you a year-round resident/member of St. Damien Parish? Yes / No (Circle one)

If you are a year-round resident / member of St. Damien Parish, what is your permanent mailing address?

Address Line 1 _____ City _____
Address Line 2 (Apt or Unit #) _____ State, Zip Code _____

If you are here for a portion of the year, please let us know if you are registered at a Home Parish. Yes / No (Circle One)

If you are here for a portion of the year, please let us know if and where you would like to receive mail from St. Damien

Many local homes do not have mail receptacles, or do not accept mail in the off-season, so we want to know how best to reach you!

Ocean City Address		Primary Address	
I would like to receive mail here: Yes / No (Circle one)		I would like to receive mail here: Yes / No (Circle one)	
Address Line 1 _____		Address Line 1 _____	
Address Line 2 (Apt or Unit #) _____		Address Line 2 (Apt or Unit #) _____	
City _____		City _____	
State, ZIP Code _____		State, ZIP Code _____	

I would like to receive information on Liturgical Ministries/ Music Ministry/ Faith Formation/Social Ministry/Hispanic Ministry (Circle all that apply)

Would you like to receive the Camden Diocese Catholic Star Herald Newspaper (at no charge)? Yes or No (Circle one)

Would you like to provide an emergency contact name/phone number? Name: _____ Telephone # _____