

Mary, Queen of Peace Catholic Church

New Parishioner Registration Form

Family Last Name: _____ **Registration Date:** _____

Address: _____

Address **City** **Zip**

Mailing Address: (if different from above): _____

Address **City** **Zip**

Subdivision: _____ **Home Phone:** _____

Head of Household: _____ Catholic
 _____ Non-Catholic

Last Name First Name Gender Date of Birth

Work Phone Cell Phone E-Mail Address

Occupation Place of Employment

Marriage Status: _____ Date of Marriage _____ Married by a Priest: _____

Sacraments: Baptism First Reconciliation First Communion Confirmation

Spouse

Other Adult: _____ Catholic
 _____ Non-Catholic

Last Name First Name Gender Date of Birth

Work Phone Cell Phone E-Mail Address

Occupation Place of Employment

Marriage Status: _____ Date of Marriage _____ Married by a Priest: _____

Sacraments: Baptism First Reconciliation First Communion Confirmation

Child: _____ Catholic

Last Name First Name Gender Date of Birth Non-Catholic

Sacraments: Baptism First Reconciliation First Communion Confirmation

Current Grade in School: _____ School: _____ Attending CCD: Yes/No

Child: _____ Catholic

Last Name First Name Gender Date of Birth Non-Catholic

Sacraments: Baptism First Reconciliation First Communion Confirmation

Current Grade in School: _____ School: _____ Attending CCD: Yes/No

Child: _____ Catholic

Last Name First Name Gender Date of Birth Non-Catholic

Sacraments: Baptism First Reconciliation First Communion Confirmation

Current Grade in School: _____ School: _____ Attending CCD: Yes/No

Child: _____ Catholic

Last Name First Name Gender Date of Birth Non-Catholic

Sacraments: Baptism First Reconciliation First Communion Confirmation

Current Grade in School: _____ School: _____ Attending CCD: Yes/No

*See reverse for additional children

_____ *We have received a packet of information from the parish.*

_____ *We would like to be visited from a representative of the parish to receive more information.*

Child:

_____ Catholic
Last Name First Name Gender Date of Birth Non-Catholic
Sacraments: Baptism First Reconciliation First Communion Confirmation
Current Grade in School: _____ School: _____ Attending CCD: Yes/No

Child:

_____ Catholic
Last Name First Name Gender Date of Birth Non-Catholic
Sacraments: Baptism First Reconciliation First Communion Confirmation
Current Grade in School: _____ School: _____ Attending CCD: Yes/No

Child:

_____ Catholic
Last Name First Name Gender Date of Birth Non-Catholic
Sacraments: Baptism First Reconciliation First Communion Confirmation
Current Grade in School: _____ School: _____ Attending CCD: Yes/No

Child:

_____ Catholic
Last Name First Name Gender Date of Birth Non-Catholic
Sacraments: Baptism First Reconciliation First Communion Confirmation
Current Grade in School: _____ School: _____ Attending CCD: Yes/No