



Mary Our Queen Catholic Church Parish Registration Form

GENERAL	TODAY'S DATE	FAMILY LAST NAME	FORMER PARISH
FAMILY STREET ADDRESS		CITY, STATE	
HOME PHONE		FAMILY EMAIL ADDRESS	
ZIP			

MARITAL STATUS - PLEASE CHECK THE BOX THAT APPLIES TO YOUR FAMILY			
Single, Never Married	Engaged, wedding date _____	Widowed	Divorced
Married, wedding date _____		Separated	
Parish _____		City, State _____	
Is current marriage recognized in the Catholic Church? Yes No Unsure			
Would non-Catholic family members wish to inquire about the Catholic faith? Yes No			

MALE HEAD OF HOUSEHOLD			
FIRST NAME	MIDDLE	LAST	
DATE OF BIRTH	RELIGION	Practicing?	Baptized?
OCCUPATION		CELL PHONE	EMAIL
		Confirmed?	

FEMALE HEAD OF HOUSEHOLD			
FIRST NAME	MIDDLE	MAIDEN NAME	
DATE OF BIRTH	RELIGION	Practicing?	Baptized?
OCCUPATION		CELL PHONE	EMAIL
		Confirmed?	

CHILDREN				
<i>Please let us know if you would like information on the 5 day school or Religious Education</i>				
<input type="checkbox"/> Lives at home	FIRST NAME	MIDDLE	LAST	NICKNAME
<input type="checkbox"/> Lives away	GENDER M F	DOB	GRADE	SCHOOL
<input type="checkbox"/> Deceased	RELIGION	Practicing?	Baptized?	1st Comm? Confirmed?

<input type="checkbox"/> Lives at home	FIRST NAME	MIDDLE	LAST	NICKNAME
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<input type="checkbox"/> Deceased	RELIGION	Practicing?	Baptized?	1st Comm? Confirmed?

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<input type="checkbox"/> Deceased	RELIGION	Practicing?	Baptized?	1st Comm? Confirmed?

Office Use Only				
<input type="checkbox"/> ParishSoft	<input type="checkbox"/> Envelopes	Flocknote	<input type="checkbox"/> File	Envelope Number: _____