

QUEEN OF PEACE REGISTRATION FORM

PLEASE PRINT

Family Name: _____ TODAY'S Date: MM/DD/YY _____ Envelope# _____ Winter Visitor: Y ___ / N ___

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Unlisted: Y ___ / N ___

E-Mail Address: _____ Cell/Mobile Phone: _____

Marital Status: Single ___ Married ___ Widowed ___ Separated ___ Divorced ___ Summer Address: _____

If Married, was it a: Catholic Wedding ___ Civil Wedding ___ Other Church Wedding ___

Dates: Leave: _____ Return _____

	Name of Head of House	Name of Spouse	Name of Dependent*	Name of Dependent*	Name of Dependent*	Name of Dependent*
First Name, Middle Int.						
Last Name, if different						
Sex (M or F)						
Relationship**						
Date of Birth						
Religion						
Handicap (Type)						
Ethnic Origin						
Primary Language						
Also fluent in:						
Employer						
Work Phone						
Occupation						
Baptism (Y or N)						
First Eucharist (Y or N)						
Reconciliation (Y or N)						
Confirmation (Y or N)						

My trade, professional training, crafts or skills are _____

Other dependents that live in the same household need to fill out a separate registration form.

**Under relationship options identify as: spouse, son, daughter, grandchild, foster child, or step-child.