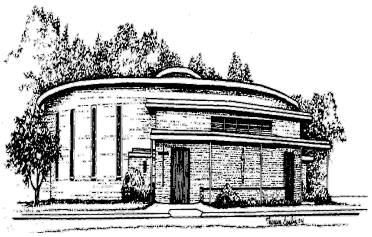

Registration Form

Mary Our Queen Roman Catholic Church
248 Savage Street
Plantsville, CT 06479
860-628-4901 Fax: 860-621-0610
moqueen@snet.net

For office use only:

Reg. date: _____
Envelope # _____
OSV: _____ MC: _____
EFT: _____

Please print all information and return to the above address or place in the collection basket. Thank you!

Family Last Name: _____ **Former Parish:** _____

Address: _____
Street **Apt #** **City** **State** **Zip**

Primary Phone: _____ ☐ **unlisted?** **Cell/other Phone:** _____

Email Address: _____

Do you prefer Online Giving? **YES** **NO**

Head of Household

Full Name: _____

Preferred/Nick Name: _____

Date of Birth: _____ **Gender: M F**

Employer: _____

Cell Phone: _____

Catholic? Y N Ethnic Background: _____

SACRAMENTS RECEIVED:

Baptism Date: _____ **Place**_____

1st Communion Date: _____ **Place**_____

Confirmation Date _____ **Place**_____

Matrimony Date: _____

Married by a Catholc priest or deacon? Yes No

Church/City where married: _____

Current Marital Status:
Married Single Divorced Annulment Widow(er)

Spouse

Full Name: _____

Preferred/Nick Name: _____

Date of Birth: _____ **Gender: M F**

Employer: _____

Cell Phone: _____

Catholic? Y N Ethnic Background: _____

SACRAMENTS RECEIVED:

Baptism Date: _____ **Place**_____

1st Communion Date: _____ **Place**_____

Confirmation Date _____ **Place**_____

Matrimony Date: _____

Married by a Catholc priest or deacon? Yes No

Church/City where married: _____

Current Marital Status:
Married Single Divorced Annulment Widow(er)

Mary Our Queen Catholic Church is here to support you and your family. This means that whatever you are dealing with matters to the Church. We are here to celebrate what is working and to talk with you as you face life's expected and unexpected challenges.
Please take a few moments to let us know about your family. How can we support you?: Are there members with special needs?

Please complete Pg 2