## Queen of Heaven R.C. Church Parish Registration Form

Date:	Family Last Name:						
Address:							
			Previous Parish:				
<b>Member Information</b>							
First Name		Middle	Name				
Maiden Name: (If a	applicable):						
Last Name: (If different from Family Name above):							
Phone:	Email Address:						
Status: Single	Married: Sepa	rated: Divor	ced: Widowed:				
Gender:	Highest Grade/Degree: Date of Birth:						
Language:	Ethnici	ity:	Handicap:				
Religion:	Occupation:						
SACRAMENTS:							
Baptized:	Date:	Church:					
Penance:	Date:	Church:					
Communion:	Date:	Church:					
Confirmation:	Date:	Church:					
Married:	Date:	Church:					
If Married in a Civi	il Ceremony, please o	check here:					
Married to: ( Pe	erson on this form) or	r					
If Divorced, was Marriage Annulled? If yes, by whom?							
SPOUSE/SIGNIFIC	CANT OTHER:						
First Name	rst Name Middle Name						
Maiden Name: (If a	applicable):						
Last Name: (If different from Family Name above):							
	Email Address:						
Status: Single	Married: Sepa	rated: Divoi	ced: Widowed:				
Gender:	Highest Grade/D	egree:	Date of Birth:				

Language:	E1	chnicity:	Handicap:		
Religion:	Occupation:				
SACRAMENTS	:				
Baptized:	Date:	Church:			
Penance:	_ Date:	Church:			
Communion:	Date:	Church:			
Confirmation:	Date:	Church: _			
Married:	_ Date:	Church:			
If Married in a C	ivil Ceremony, ple	ease check here:			
Married to: (	Person on this for	m) or			
If Divorced, was	Marriage Annulle	d? If yes, by	whom?		
CHILDREN:					
1. First Name	Middle Name				
Last Name: (If di	ifferent from Fami	ly Name above):			
Gender:	Highest Grade/Degree: Date of Birth:				
Language:	Ethnicity:		Handicap:		
SACRAMENTS	:				
Baptized:	Date:	Church:			
Penance:	Date:	Church:			
Communion:	Date:	Church:			
Confirmation:	Date:	Church: _			
2. First Name	Jame Middle Name				
Last Name: (If di	ifferent from Fami	ly Name above):			
Gender:	Highest Gra	de/Degree:	Date of Birth:		
Language:	Ethnicity:		Handicap:		
SACRAMENTS	:				
Baptized:	Date:	Church:			
Penance:	_ Date:	Church:			
Communion:	Date:	Church:			
Confirmation:	Date:	Church: _			

3. First Name	First Name Middle Name					
Last Name: (If d	ifferent from Famil	y Name above):				
			Date of Birth:			
Language:	Eth	nnicity:	Handicap:			
SACRAMENTS	:					
Baptized:	Date:	Church:				
Penance:	Date:	Church:				
Confirmation:			urch:			
If there are more	children to list, ple	ase fill out an addition	onal registration form. You will only need to			
fill out the "Fami	ily Last Name", the	n just add the addition	onal children's information.			
Ministries we wo	ould be interested in	ı:				
GIVING:						
Tithing / Giving	Options: Env	elopes Electr	ronic Funds Transfer			
Envelopes: Will	be ordered once this	s registration is proc	essed.			
Electronic Funds	Transfer: Forms ar	e available on our w	rebsite or we can email the form to you as long			
as you provided	an email address.					
NOTES:						
1. Information or	n this form is strictly	y used for this Parisl	n unless requested by you. All information is			
used to gather de	mographic data in o	order to guide our Cl	lergy in providing care to our Parishioners.			
2. Upon complet	ion, select "Save as	" and name the file v	with your last name and save it to a location on			
your device. The	n email the file to re	obs@qofhchurch.org	g.			
		OFFICE USE ONI	<u>CY</u>			
Date Received: _		_ Date Processed: _				
Parish ID#:	Wel	come packet sent: _				
Envelopes Reque	ested:	EFT Process	sed:			