

DROP IN COLLECTION BASKET, MAIL OR EMAIL

REGISTRATION FORM - CONFIDENTIAL

Prince of Peace Catholic Church
1171 NE Sandhill Rd., .Belfair WA 98528



Please Print

Last Name	First Name	Middle Initial	Spouse's Name	
For our census program we need a formal address (Please Circle one): Mr & Mrs Mr Mrs Ms Miss Other: _____				
Marital Status (Please Check): ___ Single ___ Widowed ___ Separated ___ Divorced ___ Married, by Priest or Deacon: Yes No If yes, date & location _____ If no, has there been an attempt to validate it? ___ (Do you wish to talk this matter over with the Pastor or Deacon, please call to make an appointment)				
Mailing Address	City	Zip	Phone	Cell or Land-line
Street Address (if different)	City	Zip	Phone	Cell or Land-line
Parish Ministry Experience: (i.e. Eucharistic Minister, Lector, Usher, Volunteer, etc.)		Skills & Talents (e.g. choir, painter, electrician, etc.):		

Permission for use of name or picture in parish bulletin or website? (e.g. Newcomer welcome) please circle: Yes No

Check: M: Male F: Female	Head M or F	Spouse M or F	Child M or F	Child M or F	Child M or F	Child M or F
Full Legal Name:						
Last, First, Middle Initial						
Maiden Name						
Birth date {mon/day/year}						
Religious Denomination:						
Disability/Homebound (name disability)						
Baptism Date & Location						
First Communion Date & Location						
Confirmation Date & Location						
Attending RE Classes? Yes/No						
Ethnicity (optional):						
Languages spoken:						
Occupation / Phone:						
Others Living in your home:						

For more than six people, please use second card!