

QUEEN OF APOSTLES PARISH REGISTRATION

Parish ID: _____

Registration Date: _____

Head of Household Last Name: _____

Permanent Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Is this unpublished or unlisted: Yes No

Description	Head of House	Spouse
First Name & Middle Initial		
Last/Maiden name (if applicable)		
Title (Mr. Mrs. Ms. Miss Dr. Other)		
Gender (M/F)		
Date of Birth (MM/DD/YYYY)		
Email Address		
Marital Status (Married Single Widowed Separated Divorced)		
Date of Marriage		
Marriage Location (Church/City/State)		
Race/Language		
Occupation		
Employer		
Religion		
Baptized?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
First Communion?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
First Reconciliation (Confession)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Confirmed?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Former Parish		

DEPENDENT CHILDREN *(Please list all children living in household in descending order of age.)*

Description	Child 1	Child 2	Child 3	Child 4
First Name & Middle Initial				
Nickname				
Last Name (if different from household)				
Gender (M/F)				
Date of Birth (MM/DD/YYYY)				
Current Grade				
School Attending				
Race/Language				
Religion				
Baptized?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
First Communion?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
First Reconciliation (Confession)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Confirmed?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SPECIAL CIRCUMSTANCES OR NEEDS THAT WE CAN HELP WITH

- Speak privately to Father about a personal issue
- Home visit with the opportunity to receive Communion for household shut-in
- Health Care Facility visit for family member
- Other (e.g. disability, particular kind of support, etc.) _____