

REGISTRATION FOR OUR LADY OF PEACE PARISH

Please fill in the information below to the best of your knowledge, place in the collection basket, drop off or mail to the rectory at 10950 Main St., Clarence, NY 14031 and you will be registered. **Please send a copy of your Baptism certificate.** Envelopes are mailed every two months. We will send temporaries out to you until these are available. Email is helpful for communication. Thank-you! **Children over 18 years of age need to register separately.**

Family Name: _____
Street Address _____
City/Town: _____ Zip _____
Phone _____ (Cell) _____ (Cell) _____

Head of Household's First Name: _____ **Middle Name** _____
Date of Birth: _____ Occupation: _____
Religion: _____ Church Where Baptized: _____
Did you make First Eucharist? ___ yes ___ no
Confirmation? ___ yes ___ no
Email: _____

Spouse's First Name: _____ **Middle Name** _____
Maiden Name _____
Date of Birth _____ Occupation _____
Religion: _____ Church Where Baptized _____
Did you make First Eucharist? ___ yes ___ no
Confirmation? ___ yes ___ no
Email: _____

Marital Status: ___ Single ___ Married ___ Separated
___ Divorced ___ Widowed

If married, is this a Church Marriage? ___ yes ` ___ no
Church _____
City, State _____ Date _____

Child #1: First Name _____ **Middle Name** _____
Date of Birth _____ Current Grade _____
Church Where Baptized _____
Did child make First Eucharist? ___ yes ___ no
Confirmation? ___ yes ___ no

Child #2: First Name _____ **Middle Name** _____
Date of Birth _____ Current Grade _____
Church Where Baptized _____
Did child make First Eucharist? ___ yes ___ no
Confirmation? ___ yes ___ no

Child #3: First Name _____ **Middle Name** _____
Date of Birth _____ Current Grade _____
Church Where Baptized _____
Did child make First Eucharist? ___ yes ___ no
Confirmation? ___ yes ___ no

If you need extra space, please add additional sheets

For church use only: Welcome letter sent _____ (date) _____ (initial)