

Today's Date: _____

Office ID # _____

PRINCE OF PEACE CATHOLIC CHURCH
PARISH REGISTRATION FORM -- PLEASE PRINT
All correspondence will be addressed to the following name(s):

Mr/Mrs. Mr. Mrs. Ms. Miss _____
 [Last Name] [Head of Household First Name(s)]

Street Address: _____ P.O. Box/Apt. #: _____

City/State: _____ Zip Code _____ Subdivision: _____

CHURCH ATTENDANCE: Regular Occasional Never Phone: _____ Unlisted? Y N
 (Please check one)

MARITAL STATUS: Catholic Church Marriage Non-Catholic Church Marriage Justice of the Peace
 (Please check one) Married Single Divorced Separated Widowed

MEMBER INFORMATION

	Head	Spouse	Child	Child	Child	Child	Other
First Name							
Last Name (If Different) or Maiden Name							
Sex							
Marital Status							
Religion							
Handicap							
Languages Spoken							
Occupation							
Business Phone							
Student Grade(Children)							
Birth Date							

SACRAMENTS RECEIVED:

Baptism Catholic	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Non-Catholic	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Date (if known)							
First Communion Date (if known)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Reconciliation/Confession Date (if known)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Confirmation Date (if known)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Marriage Date	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)

What type of parish activity or ministry do you have an interest in? _____

Ministries I am interested in volunteering for: _____