

Our Lady Queen of Peace Parish
Family Registration
 400 Maywood Ave, Maywood, NJ 07607 (201) 845-9566

Reg Date: / /

Last Name: First Name(s):
 Mailing Name (ie Mr. & Mrs. John Doe)
 Address: Add2:
 City: State: Zip: -
 AreaCode: Home Phone: Emerg. Phone:
 Family Email: Env#

Individual Member Information

Parish Status: <small>(Active, Inactive)</small> Role: <small>(Head of House, Husband, Wife etc.)</small> First Name / Nickname: Gender: Male / Female (Maiden) DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer: Sacramental Info: Dates (mm/dd/yyyy): <small>(Single, Married, Separated, Divorced, Annulled)</small> Marital Status: Are there any members of your household who would like to be visited by a priest?	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> Male / Female (Maiden) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> Male / Female (Maiden) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>
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Dependent Children Information

Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language	
1. <small>(Son, Daughter, Mother, Father etc.)</small>	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
2.	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
3.	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.