

**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: -
 Area Code: Home Phone: Emerg. Phone:
 Family Email: Env. #

Individual Member Information

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

Dependent Children Information

	Relationship to Head of Household <i>(Son, Daughter, Mother, Father, etc.)</i>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<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.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	Add Date if Known.	<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.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	Add Date if Known.	<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.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	Add Date if Known.	<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.