

Queen of Peace Catholic Community Registration Form

New Membership ___ Updated Membership ___

Office Use:
 Date Received: _____
 PDS entry date: _____
 PDS entered by: _____
 Parishioner #: _____
 WP mail date: _____
 RCIA / Baptism / Engaged

Family Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Preferred Phone: _____ - _____ - _____ Circle one: home his cell her cell

Preferred E-mail: _____

Emergency Contact Name, Relation, Phone: _____

1st Member Name: _____

Title: Mr. ___ Mrs. ___ Dr. ___ Ms. ___

Nickname: _____

Cell Phone: _____ - _____ - _____

E-mail address: _____

Relationship: Head ___ Spouse ___

Other/Specify _____

Family Status: Married ___ Single ___ Widowed ___

Gender: Male ___ Female ___

Birth Date: ___ / ___ / _____

Language: English ___ Spanish ___ Other/Specify _____

Ethnicity: Caucasian ___ Hispanic ___ Black ___

Asian ___ Native American ___ Other/Specify _____

Religion: Catholic ___ Other/Specify _____

Occupation: _____

Location: _____

Work Phone: _____ - _____ - _____ Ext _____

Baptism: Yes ___ No ___

1st Communion: Yes ___ No ___

Confirmation: Yes ___ No ___

Married: Yes ___ No ___

Ministry Interests: _____

2nd Member Name: _____

Title: : Mr. ___ Mrs. ___ Dr. ___ Ms. ___

Nickname: _____

Cell Phone: _____ - _____ - _____

E-mail address: _____

Relationship: Head ___ Spouse ___

Son/Daughter ___ Other/Specify _____

Family Status: Married ___ Single ___ Widowed ___

Gender: Male ___ Female ___

Birth Date: ___ / ___ / _____

Language: English ___ Spanish ___ Other/Specify _____

Ethnicity: Caucasian ___ Hispanic ___ Black ___

Asian ___ Native American ___ Other/Specify _____

Religion: Catholic ___ Other/Specify _____

Occupation: _____

Location: _____

Work Phone: _____ - _____ - _____ Ext _____

Baptism: Yes ___ No ___

1st Communion: Yes ___ No ___

Confirmation: Yes ___ No ___

Married: Yes ___ No ___

Ministry Interests: _____

3rd Member Name: _____
 Nickname: _____
 Relationship: Son/Daughter ____
 Other/Specify _____
 Gender: Male ____ Female ____
 Birth Date: ____/____/_____
 Language: English____ Spanish____ Other/Specify _____
 Ethnicity: Caucasian____ Hispanic____ Black____ Asian____
 Native American____ Other/Specify _____
 Religion: Catholic____ Other/Specify _____
 Baptism: Yes ____/____/____ No ____
 Church _____
 City, State _____
 1st Communion: Yes ____/____/____ No ____
 Church _____
 City, State _____
 Confirmation: Yes ____/____/____ No ____
 Church _____
 City, State _____

4th Member Name: _____
 Nickname: _____
 Relationship: Son/Daughter ____
 Other/Specify _____
 Gender: Male ____ Female ____
 Birth Date: ____/____/_____
 Language: English____ Spanish____ Other/Specify _____
 Ethnicity: Caucasian____ Hispanic____ Black____ Asian____
 Native American____ Other/Specify _____
 Religion: Catholic____ Other/Specify _____
 Baptism: Yes ____/____/____ No ____
 Church _____
 City, State _____
 1st Communion: Yes ____/____/____ No ____
 Church _____
 City, State _____
 Confirmation: Yes ____/____/____ No ____
 Church _____
 City, State _____

5th Member Name: _____
 Nickname: _____
 Relationship: Son/Daughter ____
 Other/Specify _____
 Gender: Male ____ Female ____
 Birth Date: ____/____/_____
 Language: English____ Spanish____ Other/Specify _____
 Ethnicity: Caucasian____ Hispanic____ Black____ Asian____
 Native American____ Other/Specify _____
 Religion: Catholic____ Other/Specify _____
 Baptism: Yes ____/____/____ No ____
 Church _____
 City, State _____
 1st Communion: Yes ____/____/____ No ____
 Church _____
 City, State _____
 Confirmation: Yes ____/____/____ No ____
 Church _____
 City, State _____

6th Member Name: _____
 Nickname: _____
 Relationship: Son/Daughter ____
 Other/Specify _____
 Gender: Male ____ Female ____
 Birth Date: ____/____/_____
 Language: English____ Spanish____
 Other/Specify _____
 Ethnicity: Caucasian____ Hispanic____ Black____ Asian____
 Native American____ Other/Specify _____
 Religion: Catholic____ Other/Specify _____
 Baptism: Yes ____/____/____ No ____
 Church _____
 City, State _____
 1st Communion: Yes ____/____/____ No ____
 Church _____
 City, State _____
 Confirmation: Yes ____/____/____ No ____
 Church _____
 City, State _____

For more than 6 members, please use another form. And please don't forget to send us updates whenever there is a change so we may keep in touch!