

# Queen of Peace Parish Family Registration

Reg Date:  / /

4508 Vistula Rd., Mishawaka, IN 46544 (219) 255-9674

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: <i>(Active, Inactive)</i><br>Role: <i>(Head of House, Husband, Wife etc.)</i><br>First Name / Nickname:<br>Gender:<br>DOB (mm/dd/yyyy):<br>Email:<br><br>Work Phone/Cell Phone:<br>First Language:<br>Occupation/Employer: | <table border="0" style="width: 100%;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td> (Maiden) <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |                                     |                                    |  |                                    |   |                                     |  |  |  |  |   |                                    |                                    |  |                                    |   | <table border="0" style="width: 100%;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td> (Maiden) <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td> / <td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sacramental Info:<br>Dates (mm/dd/yyyy):<br><i>(Single, Married, Separated, Divorced, Annulled)</i><br>Marital Status:  | <table border="0" style="width: 100%;"> <tr> <td>Baptized? <input type="checkbox"/></td> <td>Catholic? <input type="checkbox"/></td> </tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr> <td>Reconcil? <input type="checkbox"/></td> <td>First Eucharist? <input type="checkbox"/></td> <td>Confirmed? <input type="checkbox"/></td> </tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> </tr> </table> <p style="text-align: center;">Valid Catholic Marriage? <input type="checkbox"/></p>   | Baptized? <input type="checkbox"/>  | Catholic? <input type="checkbox"/> |  | Reconcil? <input type="checkbox"/> | First Eucharist? <input type="checkbox"/> | Confirmed? <input type="checkbox"/> |  |  |  |  | <table border="0" style="width: 100%;"> <tr> <td>Baptized? <input type="checkbox"/></td> <td>Catholic? <input type="checkbox"/></td> </tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr> <td>Reconcil? <input type="checkbox"/></td> <td>First Eucharist? <input type="checkbox"/></td> <td>Confirmed? <input type="checkbox"/></td> </tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> </tr> </table> | Baptized? <input type="checkbox"/> | Catholic? <input type="checkbox"/> |  | Reconcil? <input type="checkbox"/> | First Eucharist? <input type="checkbox"/> | Confirmed? <input type="checkbox"/>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baptized? <input type="checkbox"/>  | Catholic? <input type="checkbox"/>   |                                     |                                    |  |                                    |   |                                     |  |  |  |  |   |                                    |                                    |  |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Reconcil? <input type="checkbox"/>  | First Eucharist? <input type="checkbox"/>  | Confirmed? <input type="checkbox"/> |                                    |  |                                    |   |                                     |  |  |  |  |   |                                    |                                    |  |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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<br><small>(Son, Daughter, Mother, Father etc.)</small> | First Name / Last Name   | Gender   | Birthdate & Birthplace   | H.S. Grad Yr   | School First Language  |                                       |
|--|--|--|--|--|--|---------------------------------------|
| 1.   | <span style="border: 1px solid black; padding: 2px 40px;"> </span> / <span style="border: 1px solid black; padding: 2px 40px;"> </span>  | M / F  | <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span><br><span style="border: 1px solid black; padding: 2px 40px;"> </span> | <span style="border: 1px solid black; padding: 2px 10px;"> </span> | <span style="border: 1px solid black; padding: 2px 40px;"> </span><br><span style="border: 1px solid black; padding: 2px 40px;"> </span>   |                                       |
|  | 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"/> |
|  | <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span> | <span style="border: 1px solid black; padding: 2px 10px;"> </span> | <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span>   | <span style="border: 1px solid black; padding: 2px 10px;"> </span> | <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span> |                                       |
| 2.   | <span style="border: 1px solid black; padding: 2px 40px;"> </span> / <span style="border: 1px solid black; padding: 2px 40px;"> </span>  | M / F  | <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span> / <span style="border: 1px solid black; padding: 2px 10px;"> </span><br><span style="border: 1px solid black; padding: 2px 40px;"> </span> | <span style="border: 1px solid black; padding: 2px 10px;"> </span> | <span style="border: 1px solid black; padding: 2px 40px;"> </span><br><span style="border: 1px solid black; padding: 2px 40px;"> </span>   |                                       |
|  | 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"/> |
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Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.