

NEW PARISHIONER REGISTRATION FORM

Household			
Family (Last) Name			
Street Address			Apt
City	State	Zip	
Primary Email			
Primary Phone			
<input type="checkbox"/> Single, never married <input type="checkbox"/> Married in the Catholic Church <input type="checkbox"/> Christian marriage (not in the Catholic Church)			
<input type="checkbox"/> Non-Christian marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Civilly Divorced <input type="checkbox"/> Annulled			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Marriage Date: _____			

	Head of household	Spouse / Other Adult
Formal Name (First, Last)		
Informal Name or Nickname		
Religion		
Birthday		
Phone		
Email		
Occupation		
Baptism date		
Confirmation date		

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Children in Household (please list youngest to oldest)

1	<p>First Name: _____ Last Name: _____ Middle Initial: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Special Needs: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation</p>
2	<p>First Name: _____ Last Name: _____ Middle Initial: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Special Needs: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation</p>
3	<p>First Name: _____ Last Name: _____ Middle Initial: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Special Needs: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p>
4	<p>First Name: _____ Last Name: _____ Middle Initial: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Special Needs: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p>
5	<p>First Name: _____ Last Name: _____ Middle Initial: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Special Needs: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p>

If you need more space, please provide information on an additional sheet

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Other Information

What would you like us to know about you and/or your family? Are there specific things we can help with, or sacraments for which you would like to prepare?

Financial Support

All parish families do their best to support the evangelizing mission of the parish through regular tithing. While we can't all give at the same level, we can all give according to our financial blessings.

- I would like to have contribution envelopes mailed to me
- I would like more information regarding online giving.

How did you hear about Prince of Peace Parish?
