

# Registration Form

Confidential: In accordance with Church Law, NO information will be passed on to any vendor, telemarketer, survey company or any governmental agency. By Church Law, enrollment information is for Queen of Angels staff use only.

Please check one:  New Registration  Change of Address  Don't know

## Adult #1 in household

Mr.  Mrs.  Ms. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Single  Married  Widowed  Divorced

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## Adult #2 in household

Mr.  Mrs.  Ms. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Single  Married  Widowed  Divorced E-mail Address \_\_\_\_\_

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## Adult #3 in household

Mr.  Mrs.  Ms. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Single  Married  Widowed  Divorced E-mail Address \_\_\_\_\_

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## Children living in household

Name		Date of Birth	School or Occupation
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____

Were you or anyone else in your household registered under a different name?  Yes  No

If yes, what name? \_\_\_\_\_

**Over, Please =>**

Do you or any member of your household have any skills, talents, special interests, or hobbies you/they wish to share with Queen of Angels Parish?

	Name of Family Member		Name of Family Member
<input type="checkbox"/> Teacher's Aide/Tutoring	_____	<input type="checkbox"/> Social Work	_____
<input type="checkbox"/> Musical	_____	<input type="checkbox"/> Carpentry	_____
<input type="checkbox"/> Artistic	_____	<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Gardening	_____	<input type="checkbox"/> Painting	_____
<input type="checkbox"/> Data entry/Clerical	_____	<input type="checkbox"/> Other Trades	_____
<input type="checkbox"/> Graphic Designer	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Development/Fundraising	_____		

Are you or any member of your household interested in participating in parish committees, ministries, or activities?  Yes  No

What areas of parish life would you most interested in participating?

<input type="checkbox"/> Spiritual/Faith Formation	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Liturgical	<input type="checkbox"/> Outreach to those in need
<input type="checkbox"/> Education	<input type="checkbox"/> Other _____

Are you or any member of your household interested in any of the following?

- CCD/Sunday Morning Religious Education
- Queen of Angels School Information
- Sacraments to the home
- Present marriage blessed in church
- Becoming a Catholic
- Catholics Returning Home

Would you like a parish priest or staff member to contact you regarding a personal need?  Yes  No

**Thank you for completing this registration form. We are grateful that you are a member of the Queen of Angels family.**