

Queen of Peace Catholic Church

PARISH REGISTRATION FORM

ALL INFORMATION IS CONFIDENTIAL

PLEASE PRINT YOUR INFORMATION

ID. # _____

Date: _____

Office Use Only

Please drop in Registration Box or mail to:

For information call: (361) 293-3518 or email secretary@stj catholicchurch.com

P.O. Box 201

Sweet Home, TX 77987

Family Information

Family Last Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip _____

Parish Envelope ID Number: _____

Home Phone: (361) _____

Please CIRCLE Yes or No below:

Do you receive Parish envelopes? Yes No

Do you want Parish envelopes? Yes No

Household Information

Male

First Name, Middle Name or Initial:

Female

Maiden Name: _____

First Name, Middle Name or Initial:

Marital Status (circle one): Single Married *please specify if the marriage is:* Catholic (through the Church) OR Civil (outside the Church)

Divorced

Separated

Widowed

Married in Church of another Religion? _____

Birth Date (M/D/YYYY): _____

Languages Spoken: _____

Religion: _____

Email Address: _____

Employer: _____

Occupation: _____

Work Phone: (361) _____

Cell Phone: () _____

Birth Date (M/D/YYYY): _____

Languages Spoken: _____

Religion: _____

Email Address: _____

Employer: _____

Occupation: _____

Work Phone: (361) _____

Cell Phone: () _____

