

# QUEEN OF APOSTLES CATHOLIC PARISH

## CONFIDENTIAL REGISTRATION DATA

### FAMILY INFORMATION

Date: \_\_\_\_\_

Family Type:     Family Unit     Single Parent     Single Person

Title:             Mr. & Mrs.     Mr.     Mrs.     Ms.     Miss.

Last Name: \_\_\_\_\_

Permanent Address:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is this unpublished or unlisted:     Yes     No

Email \_\_\_\_\_

### INDIVIDUAL INFORMATION

Description	Adult Male	Adult Female
First name and middle initial		
Maiden name (if applicable)		
Date of birth	/    /	/    /
Are you baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If baptized, in what faith?		
Did you receive First Communion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Reconciliation (Confession)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is (or was) your occupation?		
Name of former parish		

### MARRIAGE INFORMATION

What is your marital status?     Married     Single     Widowed     Separated     Divorced

If you are/were married please complete the following information (if known):

Date of Marriage \_\_\_\_\_ Church or Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

If you were not married in the Catholic Church, would you like information about having your marriage validated (Blessed)?     Yes     No

## SPECIAL CIRCUMSTANCES OR NEEDS THAT WE CAN HELP WITH

Is a member of your household a shut-in?    Yes    No

Would that person like a visit with the opportunity of receiving Communion?    Yes    No

Is a member of your household in a Health Care Facility?    Yes    No

Name of Person: \_\_\_\_\_

Name of Health Care Facility: \_\_\_\_\_

Any other special needs (example: people who have a disability, need special assistance, or are looking for a particular kind of support, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DEPENDENT CHILDREN - who live in household

*(list the oldest first and continue in descending order of age)*

CHILD'S NAME	Sex M/F	Birth Date	Baptized Y or N	Religion	First Communion Y or N	Confirmed Y or N	School Attending	Attending Religious Education

### I WOULD LIKE INFORMATION ABOUT:

- Adult Formation** - Bible Study, Prayer Groups, Adult Baptism, First Communion, Confirmation
- Youth Ministry** – Catechism classes for grades 7<sup>th</sup> –12<sup>th</sup> Grade
- Child Ministry** – Catechism classes for Pre K – 6<sup>th</sup> Grade

### HOW YOU CAN GET INVOLVED AT QUEEN OF APOSTLES

✓ **PLEASE REVIEW THE "MINISTRIES & ACTIVITIES" SIGN-UP FORM** ✓  
**CHECK ALL PARISH GROUPS OR ACTIVITIES THAT YOU ARE INTERESTED IN VOLUNTEERING TO HELP**

**ALSO: Please list below any special talents or skills you would be willing to make available to the Parish on an "as needed" basis:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_