

Our Lady Queen of Peace Parish Member Registration Form

Member # _____ Date Registered _____ Previous QP Membership Yes / No

Family Name Last _____ First _____ Spouse _____

Address _____ City _____ ZIP _____

Phone # _____ Cell Phone # _____ Catholic Herald? Yes / No

How did you hear about Our Lady Queen of Peace? _____

	Head	Spouse		Child	Child	Child	Child
Name			Name				
Religion			Religion				
Marital Status			NOTES:				
Date of Marriage							
Occupation							
Job Location							
Business Phone							
E-Mail Address							
			School				
			Grade				
Date of Birth			Date of Birth				
Gender	M / F	M / F	Gender	M / F	M / F	M / F	M / F
Baptism	Yes / No	Yes / No	Baptism	Yes / No	Yes / No	Yes / No	Yes / No
Communion	Yes / No	Yes / No	Communion	Yes / No	Yes / No	Yes / No	Yes / No
Confirmation	Yes / No	Yes / No	Confirmation	Yes / No	Yes / No	Yes / No	Yes / No
Penance	Yes / No	Yes / No	Penance	Yes / No	Yes / No	Yes / No	Yes / No
			QP Sunday School Program	ECE RE YM	ECE RE YM	ECE RE YM	ECE RE YM

FOR OFFICE USE ONLY
 Baby Blessings— Birth to 2 Years
 Early Childhood Education—3 to KN
 RE—Gr. 1-6
 YM—Gr. 7-12
 _____ LH
 _____ CH
 _____ Welcome
 _____ Labels/ Envelopes
 _____ Survey
 _____ DB