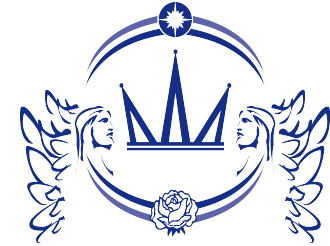


# New Parishioner Registration Form

Our Lady Queen of Angels Office Use:

ENV#: \_\_\_\_\_  
 Area#: \_\_\_\_\_  
 RO/CO \_\_\_\_\_  
 CCD \_\_\_\_\_



Family Name: \_\_\_\_\_  
*Last* *First* *Spouse*

Title: Mr./Mrs. Mr. Mrs. Miss Dr. Other: \_\_\_\_\_ Race: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phones: \_\_\_\_\_

Offertory envelopes: Yes / No Email: \_\_\_\_\_

Years in Former Church Parish: \_\_\_\_\_ Former Church: \_\_\_\_\_

Marital Status: Church Mar \_\_\_\_\_ Civil Mar \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Church Attendance: Frequent \_\_\_\_\_ Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Seldom \_\_\_\_\_

Your Comments or Remarks:

For Each Child attending school, "Student" is occupation and "Location" is the name of their school

	Head	Spouse	Child	Child	Child	Child	Other
First Name							
Last/Maiden							
Marital Status							
Religion							
Language							
Occupation							
Location							
Home Phone							
Business/Cell							
Sex (M/F)							
Birth Date							
Baptism (Y/N)							
Penance (Y/N)							
1 <sup>st</sup> Communion (Y/N)							