

**Our Lady Queen of Peace Parish**  
**Family Registration**  
**400 Maywood Ave., Maywood, NJ 07607 (201) 845-9566**

Reg. Date:  /  /   
(for office use only)

Last Name:  First Name(s):   
Mailing Name (ie. Mr. & Mrs. John Doe)   
Address:  Add2:   
City:  State:  Zip:  -   
Home Phone:  Emerg. Phone:   
Family Email:  Env. #  (for office use only)

**Individual Member Information**

	(for office use only)	(for office use only)
Role (husband, wife, head of household)	<input type="text"/>	<input type="text"/>
First Name / Nickname	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Maiden Name / Gender	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
DOB (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Work Phone / Cell Phone	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
First Language	<input type="text"/>	<input type="text"/>
Occupation / Employer	<input type="text"/>	<input type="text"/>
Sacramental Information:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>
	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Marital Status:	<input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	

*(Single, Married, Separated, Divorced, Annulled)*

**Dependent Children Information**

	Relationship to Head of Household <i>(Son, Daughter, Mother, Father, etc.)</i>	First Name / Last Name	Gender	Birthdate & Birthplace	Name of School & First Language	
1.		<input type="text"/>		<input type="text"/>	<input type="text"/>	
		<input type="text"/>		<input type="text"/>	<input type="text"/>	
	<b>Check if Sacrament Received.</b>	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<b>Add Date if Known.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2.		<input type="text"/>		<input type="text"/>	<input type="text"/>	
		<input type="text"/>		<input type="text"/>	<input type="text"/>	
	<b>Check if Sacrament Received.</b>	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<b>Add Date if Known.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3.		<input type="text"/>		<input type="text"/>	<input type="text"/>	
		<input type="text"/>		<input type="text"/>	<input type="text"/>	
	<b>Check if Sacrament Received.</b>	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<b>Add Date if Known.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please fill in all blank boxes and provide changes where necessary. If you need to add additional members please use a second form.