

Our Lady Queen of Angels Church Registration Form

Date: _____ For Office Use: _____ Area: _____
 Last Name: _____ First Name: _____ M/M, Mr., Mrs., Miss, Dr./Mrs.
 Name of Spouse: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Email Address: _____ Years in Parish: _____ Envelope No.: _____

| | Head of Household | Spouse | Other/Child | Child | Child | Child |
|--|-------------------|--------|-------------|-------|-------|-------|
| First Name | | | | | | |
| Last & Maiden Nm. | | | | | | |
| Sex (Male/Female) | | | | | | |
| Marital Status: <small>R.C. Church Married? Non-R.C. Church Married?</small> | | | | | | |
| Date Married | | | | | | |
| Physical Limitation? | | | | | | |
| Religion | | | | | | |
| Languages Spoken | | | | | | |
| Occupation | | | | | | |
| School Attended/ Attending | | | | | | |
| Highest Grade/ Degree | | | | | | |
| Years of Rel. Ed. | | | | | | |
| Birth Date M/D/Y | | | | | | |
| Baptized Catholic? YorN M/D/Y | | | | | | |
| First Communion YorN M/D/Y | | | | | | |
| Confirmation YorN M/D/Y | | | | | | |
| Ministries? Organizations? | | | | | | |
| Church Attendance Reg/Occas/Never | | | | | | |