Mary Queen Catholic Church - Parish Registration Form

Family Last Name: _____

Archdiocese of Galveston-Houston

FOR OFFICE USE ONLY

Today's Date: _____

606 Cedarwood Dr., Friendswood, TX 77546
(281) 482-1391 Fax: (281) 482-4886
www.maryqueenchurch.org

Church ID: _____
Envelope # : _____

Former Parish: _____ City/State: _____ Have you informed it of your move to Mary Queen? _____

This form is for parish use only. All information is confidential. Please PRINT all answers clearly.

Address: _____ City, State: _____ Zip: _____

Home Phone: _____ Unlisted? _____ His Work Phone: _____ Her Work Phone: _____

His Email Address: _____ Her Email Address: _____

His Cell Phone: _____ Her Cell Phone: _____ Other: _____

Head of Household & Spouse (maiden name) [(First Name, Middle Name, (Nickname)]	Date of Birth	Marital Status (M,S, Div, Sep, Wid)	Religion	Sacraments Received								Occupation	Languages Spoken
				Baptized		1st Communion		Confirmed		Catholic Marriage			
				Yes/Date	No	Yes/Date	No	Yes/Date	No	Date	No		
		Church, City/State where baptized											
		Church, City/State where baptized											

Dependent Children First Name, Middle Name, (Nickname)	Date of Birth	Sex		Religion	Sacraments Received						Education					Languages Spoken
					Baptized		1st Communion		Confirmed		Type of School		Current Grade Level	Religion Classes		
		M	F		Yes/Date	No	Yes/Date	No	Yes/Date	No	Catholic	Other		Yes	No	
OTHERS LIVING WITH YOU / HOW RELATED																