

New Member Registration Form



FOR OFFICE USE: Member # _____ Date Registered _____

Previous QP member? Yes / No

Family Name Last _____ First _____ Spouse _____

Address _____ City _____ State _____ ZIP _____

Phone # _____ Cell Phone # _____ Do you wish to receive the *Catholic Herald* newspaper? Yes / No

	Head	Spouse		Child	Child	Child	Child
Name			Name				
Religion			Religion				
Marital Status			NOTES:				
Date of Marriage							
Occupation/Employer (optional)							
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
Preferred method of donation: ___ Monthly Evelopes ___ Faith Direct (electronic giving)							Revised Oct 2016

* Pictures taken throughout the year for the promotion of our parish programs may be used unless otherwise directed in writing.