

Parish Registration Form
Our Lady Queen of Martyrs Catholic Church

Please Print all Information.

Date: _____ Family Last Name: _____

Address: _____

City: _____ Zip Code: _____

Contact Information

Phone Numbers:

Home: _____

Cell: _____

Work: _____

E-Mail Address: _____

Head of Household Name: _____ Sex: _____

Date of Birth: _____ Occupation: _____

Sacraments Received (Please Circle all that apply): Baptism 1ST Communion Confirmation Marriage

Spouse's Name: _____ Sex: _____

Date of Birth: _____ Occupation: _____

Sacraments Received (Please Circle all that apply): Baptism 1ST Communion Confirmation Marriage

Were Parents Married by a Catholic priest? (If applicable): _____

Marital Status: (Please Circle): Married Single Divorced Separated Widowed

Our lady Queen of Martyrs Catholic Church will provide a place where all of its members can live the mission of Jesus Christ through prayer, service, outreach, fellowship, and a true sense of family. Parishioners of Our Lady Queen of Martyrs, mindful of their baptismal call to be disciples of Jesus Christ and their responsibility to be good stewards of all of God's gifts, will commit to:

- Regularly participate in the sacramental life of the parish
- Commit a portion of their time and talents to the parish ministries
- Make regular use of their offertory envelopes

Parishioner Signature: _____

Children Information (under 18/if applicable)

Name: _____ Sex: _____ Date of Birth: _____

Sacraments Received (Please Circle): Baptism 1st Communion Confirmation

Name: _____ Sex: _____ Date of Birth: _____

Sacraments Received (Please Circle): Baptism 1st Communion Confirmation

Name: _____ Sex: _____ Date of Birth: _____

Sacraments Received (Please Circle): Baptism 1st Communion Confirmation