


PEACE OF CHRIST PARISH

Family Name		House No.	Street			Apt. No.	City
Zip Code	Phone Numbers: Home:		Work:		Is phone listed?	Yes No	Email Address:
Year Registered in this Parish?		Marriage Blessed by the Catholic Church?		Yes No	Where:	Maiden Name	
Occupation Adult #1		Occupation Adult #2		In Case of Emergency Notify (name)			Phone Number:

 List first names of all at this address. List last name, if different from family name above.	Sex	Date Of Birth			Marital Status	Religion Affiliation	Baptized	Rec'd 1 st . Eucharist	Rec'd 1 st . Penance	Confirmed	Attend Mass	Grade Level	Religious Ed.	Special Needs	Work Status	Title
	M 1 F 2	M	D	Y	Single 1 Married 2 Widow-er 3 Separated 4 Divorced 5	Catholic 1 Christian 2 Jewish 3 Other 4	R. Catholic 1 Other Christian 2 Not 3	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Weekly 1 Some-time 2 Seldom 3 Never 4 Unable 5	Fall Year	Catholic School 1 Family Faith 2 None 3 Other Program 4	Visual 1 Auditory 2 Developmental 3 Home Bound 4 Wheel Chair 5 Other - please specify 6	Full Time 1 Part Time 2 Student 3 Retired 4 Unemployed 5 Military 6 Homemaker 7	Mr. 1 Mrs. 2 Miss 3 Ms. 4 Dr. 5 Sr. 6
(Adult)																
1 (Adult)																
2 (Adult)																
3 (Children - oldest first)																
4																
5																
6																

HOW CAN YOUR PARISH SERVE YOU?
 Would you like to talk with a staff member?

 Are you interested in learning more about the Catholic Faith (RCIA)?

Special Skills and Hobbies

What has attracted you to this worship site?

How do you wish to financially support Peace of Christ Parish?

Envelopes: Weekly _____
 Monthly _____

Or Direct Debit: _____

DATE _____
 COMPLETED BY _____