

Prince of Peace Catholic Community — Registration Form

Family Last Name (s): _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone No: _____ Cell Phone No: _____

Alternate Phone No: _____ Emergency No: _____

For Office Use Only: Date Registered at Prince of Peace: _____ Envelope No: _____

Please complete the information for each family member.

Dependents 21 and older are required to complete their own form.

	Adult (1)	Adult (2)	Child	Child	Child
First Name and Middle Initial					
Last Name (if different)					
Gender	M F	M F	M F	M F	M F
Birth Date					
Birth Place (City and State)					
Relationship to Adult #1					
Grade (Children under 21)					
Marital Status (write one) <small>Single — Married — Widowed Divorced — Annulled — Remarried</small>					
Religion					
Occupation					
Work Phone No.					
If retired, former occupation					
Baptism					
First Communion					
Confirmation					

Use the alternate address below for location of second residence

Address: _____

City/State/Zip Code: _____

Active from: Month: _____ Day: _____ Active to: Month: _____ Day: _____

Send mail to alternate address? Yes No

I/We want to receive the weekly parish newsletter?: Yes No

I/We want to receive parish communication by email?: Yes No

My email: _____ Spouse: _____

May we welcome you by publishing your name (s) in the parish bulletin? Yes No

Other Information: _____

I/We acknowledge that by the completion of this parish registration form, I/we will actively participate in the Prince of Peace parish community.

Adult 1

Adult 2

Date _____