

Queen of Peace Parish, Ardsley, PA Registration Form

For office use only:
ID# _____
Registered by: _____
Date entered: _____

*Please note that all information provided on this registration form will be considered confidential.
It will not be used for any purpose other than Parish and Archdiocesan needs.*

Please print: _____ Date: _____

Family Name: _____

Preferred Mailing Name for Family: _____

Address: _____ City: _____ Zip: _____

How long at this address: _____ Former Parish: _____

Phone: _____ Cell Phone: _____

E-Mail address: _____

Marital Status

Married Single Widow(er) Separated Divorced Re-Married Co-habitation

Catholic Marriage: Y N Church of Marriage: _____

Head Male of Household

Head Female of Household

First Name _____

Last Name: (if different) _____

Maiden Name: (if applicable) _____

Date of Birth: _____

Religion: _____

Church of Baptism: _____

First Communion: _____

Confirmation: _____

Raised Catholic: _____

Previous Marriage: _____

Sunday Mass/Easter Duty: _____

Occupation: _____

Education: _____

Special Needs: _____

Ethnicity (eg. Italian, Korean, etc.) _____

Primary Language: _____

Ministries or Parish Organizations: _____

Projected Level of Sunday Giving: _____

Additional Remarks: _____