

Registration Form

Mary, Our Lady of Peace

Date registered ____/____/____

ID# _____ [parish use] Family Name[s] _____

P O Box _____

Address _____ City _____ Zip _____

Email _____

Home Phone# _____ Cell Phone# _____

Registration Date _____

Marital Status: Married Single Widowed Separated Divorced Divorced/Remarried Living Together

Number of Children at Home _____

Number of children on Their Own _____

ADULT / PARENT

First Name _____ Middle Name _____ Maiden Name _____

Religion _____

Occupation _____ Employer _____

Cell Phone ____/____/____ Business Phone ____/____/____

Birth Date ____/____/____

Sacramental information:

Have you been baptized? Yes No Where _____

Have you celebrated First Reconciliation? Yes No Where _____

Have you received your First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Date Married ____/____/____ Where _____

ADULT / SPOUSE / PARENT

First Name _____ Middle Name _____ Maiden Name _____

Religion _____

Occupation _____ Employer _____

Cell Phone ____/____/____ Business Phone ____/____/____

Birth Date ____/____/____

Sacramental information:

Have you been baptized? Yes No Where _____

Have you celebrated First Reconciliation? Yes No Where _____

Have you received your First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female check response

Birth Date ____/____/____

Sacramental information: check response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church _____ city _____ state _____

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female check response

Birth Date ____/____/____

Sacramental information: check response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church _____ city _____ state _____

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female check response

Birth Date ____/____/____

Sacramental information: check response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church _____ city _____ state _____

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female check response

Birth Date ____/____/____

Sacramental information: check response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church _____ city _____ state _____

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female check response

Birth Date ____/____/____

Sacramental information: check response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church _____ city _____ state _____

Child

First Name _____ Middle Name _____

Religion _____

School attending _____

Gender: Male Female check response

Birth Date ____/____/____

Sacramental information: check response

Have you been baptized? Yes No Where _____

Have you received Reconciliation? Yes No Where _____

Have you received First Communion? Yes No Where _____

Have you been Confirmed? Yes No Where _____

Church _____ city _____ state _____

Ministries of the church

Are you a trained Liturgical Minister? Yes No check response

Which ministries would you like to serve in?

	check response	list names
Communion Minister	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Lector/Reader	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Usher/Greeter	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Cross Bearer	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Altar Server	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Musician	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
List instrument(s)		_____
Choir / singing	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Homebound Visitations	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Which ministries of the church might you wish to serve in?

	check response	list names
Art & Environment	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Bereavement	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Funeral Luncheon	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Food Pantry	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Social Concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Adult Ed / Formation	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
[Bible study, RCIA, RCIC, Inactive Catholics, MOPS, Prayer Groups; Cursillo, TEC. Dinner Bells]		
Marriage Preparation	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Children's Religious Ed	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Children's Church	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Parish Council	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Finance Council	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Welcoming Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Dinner Ministry	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
[provided for special circumstances]		

In the space below we invite your comments about your skills, talents, hobbies

Professional / technical skills & interests

circle response	list names
Computer	_____
Finance / accounting	_____
Plumbing	_____
Electrical	_____
Gardening (yard...)	_____

Any other Interests, Hobbies please list

list names

Please list anything from your past parish / church that you liked and would like to see here?

Any suggestions that you would like us to review in regards to our celebration of Mass?

Any special needs you and your family might have?

Catholic Education at our Catholic Schools

Our parish is affiliated with Seton Catholic Elementary [Pre-5th] and Middle School [6th-8th], Moline and Alleman Catholic High School [9th-12th], Rock Island. And we also have affiliation with Our Lady of Grace Catholic Academy [Pre-8th], East Moline and Jordan Catholic [Pre-8th], Rock Island.

For more information about our Catholic Schools, please call the parish offices.. You may also visit our website and click on the link on the Home Page for Area Catholic Churches & Schools.

Family information that is of importance to you for us to know—please list
