

PARISHIONER REGISTRATION FORM

Thank you for your cooperation in completing this form. This helps us to serve you better. Please return the completed form to the office or in the collection basket. Know that your information will be held in the strictest confidence and for pastoral use ONLY.

Family Information

Registration Date _____

Last Name _____ First Name (s) _____

Mailing Name (*i.e., Mr. & Mrs., Ms or Mr....*) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Envelope # _____ *If none, do you wish to receive envelopes?* Y/N
If receiving, do you wish to continue? Y/N

Do you read the printed bulletin? Y / N

How do you like to receive the bulletin and/or info regarding parish life?

Paper _____ *E-mail* _____ *Website* _____ *Facebook* _____

Please describe your Mass Attendance:

More than once a week _____ *Weekly* _____ *Monthly* _____ *Occasionally* _____

Would you like a visit/call from a priest or a parish leader? Y / N

Marital Status _____ *Married by Priest or Deacon?* Y/N

If no, would you consider having your marriage convalidated (blessed) by the Church? Y/N

Individual Family Member Information

Role (*Husband, Wife, Daughter, Son...*) _____ First Name/ Nickname _____

Date of Birth _____ Place of Birth _____ Occupation _____

Sacramental Information: *Baptized?* Y/N *Catholic?* Y/N *Denomination?* _____
Received First Communion? Y/N *Confirmed?* Y/N

Are you involved in any parish ministry or group? Y / N Which Ministry or Group? _____
If not, would you like to be involved? Y/N Which Ministry or Group? _____

Skills or Talents or Business Trades you would like to share with the Parish

Individual Family Member Information

Role (*Husband, Wife, Daughter, Son...*) _____ First Name/ Nickname _____

Date of Birth _____ Place of Birth _____ Occupation _____

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If not, would you like to be involved? Y / N *Which Ministry or Group?* _____

Skills or Talents or Business Trades you would like to share with the Parish

If you need to add additional family member, please use a second form.

Additional Comments: _____

Thank you again for your participation and continued support for our parish!

Our Lady of Mercy Church & Mary, Queen of Peace Church
2600 Shasta View Drive, Redding, CA 96002 (530) 222-3424