

**Our Lady Queen of Angels * 109 Goodwill Avenue * Meriden, CT 06451
CONFIDENTIAL PARISH REGISTRATION**

FAMILY LAST NAME _____ If applicable, Wife's Maiden Name _____ PHONE _____

ADDRESS _____ TOWN _____ ZIP CODE _____

MARITAL STATUS Single Widowed Separated Divorced Catholic Church Married Other Church Marriage Civil Marriage See Reverse Side

PLEASE COMPLETE BELOW FOR EACH FAMILY MEMBER					
	HEAD OF HOUSEHOLD	SPOUSE	CHILD AT HOME	CHILD AT HOME	CHILD AT HOME
FIRST NAME					
* Last name if different from family name					
GENDER (M/F)					
DATE OF BIRTH					
RELIGION					
OCCUPATION					
WORK LOCATION					
WORK PHONE #					
CELL PHONE #					
EMAIL ADDRESS					
SACRAMENTS RECEIVED - "YES" or "NO"					
BAPTISM					
FIRST COMMUNION					
CONFIRMATION					
MARRIAGE					

* Please specify child(ren) whose surname(s) is/are different from family (parent or guardian). Please indicate legal guardian of above noted child(ren.)
OFFICE USE ONLY: DATE _____ ENV # _____ PDS _____ (OVER PLEASE)

Marital Status Continued: Please indicate the circumstances surrounding your non church wedding. Please indicate your interest in obtaining information with regard to annulment procedures.

Our Lady Queen of Angels has opportunities for the parish family to join together in spiritual, social, and outreach ministries. (To name a few: religious education teachers and helpers, altar servers, ushers, lectors, ministers of the Eucharist, choir members, youth group, ladies' society, volunteer parish work.) In what way would you be willing to help the parish? Please state whatever ministries you would consider getting involved with.

Do you have any special needs?

06/06