

QUEEN OF APOSTLES CHURCH

4911 Moorpark Ave
San Jose, California 95129-2199

FAMILY REGISTRATION

Phone (408) 253-7560
Fax (408) 253-9530

Last Name: First Name(s):
Mailing Name (ie Mr. & Mrs. John Doe)
Home Address:
City: State: Zip: -
Home Phone: - - Emergency Phone: - -
Family Email: Env#

Want Contribution Envelopes

Individual Member Information

Parish Status: <small>(Active, Inactive)</small>	<input type="text"/>	<input type="text"/>
Role: <small>(Head of House, Husband, Wife etc.)</small>	<input type="text"/>	<input type="text"/>
First Name / Nickname:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Gender:	Male / Female (Maiden) <input type="text"/>	Male / Female (Maiden) <input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Work Phone/Cell Phone:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
First Language:	<input type="text"/>	<input type="text"/>
Occupation/Employer:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Marital Status: (circle) Single | Married | Separated | Divorced | Annulled Valid Catholic Marriage? Wedding Date: / /

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household <small>(Son, Daughter, Mother Father etc.)</small>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>		<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist? <input type="checkbox"/> Reconciliation? <input type="checkbox"/> Confirmed? <input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
2.	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>		<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist? <input type="checkbox"/> Reconciliation? <input type="checkbox"/> Confirmed? <input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3.	<input type="text"/> / <input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>		<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist? <input type="checkbox"/> Reconciliation? <input type="checkbox"/> Confirmed? <input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.