St. Mary, Our Lady Queen of Families Parish

New Member/Change of Information Form

(Please PRINT Information Clearly)

Envelope # _____

Date:_____

Status: ___New Member ___Change of Information ___Leaving Parish

Family Name:_____

Address:_____

City:_____State:_____Zip:_____

Main Telephone Number:_____

This number is: Mobile:____ Landline____ Carrier:_____

Main Email Address:_____

Marital Status: ___Single ___Married ___Divorced ___Separated ___Widowed

Male/Husband First & Last Name	**Date of Birth**	**Religion**	**Baptism date and place**	**First Comm date and place**	**Confirm. date and place**	**Marriage date and place**	**Occupation**
Female/Wife First & Last Name	**Date of Birth**	**Religion**	**Baptism date and place**	**First Comm date and place**	**Confirm. date and place**	**Marriage date and place**	**Occupation**

Husband's Phone Number:_____ Carrier:_____

Husband's Email:_____

Wife's Phone Number:_____ Carrier:_____

Wife's Email:_____

Child Info. On Reverse

Child Information

Please fill out information for all children in your household under the age of eighteen (18). All children eighteen or older should register as adults separately.

Name	Date of Birth	Sex	Religion	Baptism date and place	First Comm date and place	Confirm. date and place