

Children under the age of 21 residing in the home:

	Child 4	Child 5	Child 6	Child 7	Child 8
First & Middle Name:					
Child's Last Name, if different:					
Gender: (M/F)					
Date of Birth: (MM/DD/YY)					
City & State of Birth:					
Religion:					
Occupation or School Currently Attending:					
Father's Name:					
Mother's (Maiden) Name:					
Church of Baptism: (Name & City/State)					
Church of First Communion: (Name & City/State)					
Church of Confirmation: (Name & City/State)					

Talents: I would like to volunteer the following skills: _____

Ministries: I would like to volunteer for the following ministries: _____

What brings you to Mary Queen of the Apostles Parish? Which weekend Mass do you regularly attend (Saturday, 4:30 PM or Sunday at 9:00 AM or 11:00 AM)? Please answer below, along with any additional comments.

Welcome to Mary Queen of the Apostles Parish. Please return this completed form to the Parish Office via the collection basket, in person or by mail. Someone will contact you once your registration has been processed.