

# QUEEN OF ANGELS PARISH REGISTRATION FORM      DATE \_\_\_\_\_

**Family Last Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**PO Box** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_

**SECOND ADDRESS**  
**Dates -From (month - month)** \_\_\_\_\_ - \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**PO Box** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_

Do you want to receive monthly contribution envelopes?      Yes      No  
 Are you a permanent resident?      Yes      No      *(if no, please provide second address above)*  
 Are you or a family member homebound?      Yes      No  
 Marital Status (check all that apply)      Single      Married      Divorced      Separated      Widowed  
 Were you married by a: (circle one)      Catholic Priest      Minister      Justice of the Peace      Other

Family Member Info (Full Names)	Religion	Birth Date	Baptism	1 <sup>st</sup> Holy Communion	Confirmation	Occupation or School & Grade	Committees or Ministries you are interested in joining
Head of Household		_/_/___	Yes No	Yes No	Yes No		
Spouse - <i>Indicate Maiden Name</i>		_/_/___	Yes No	Yes No	Yes No		
Children <u><i>Living at Home</i></u> <i>(indicate M/F)</i>		_/_/___	Yes No	Yes No	Yes No		
1)		_/_/___	Yes No	Yes No	Yes No		
2)		_/_/___	Yes No	Yes No	Yes No		
3)		_/_/___	Yes No	Yes No	Yes No		
4)		_/_/___	Yes No	Yes No	Yes No		
5)		_/_/___	Yes No	Yes No	Yes No		

\*Mail this form to: **Queen of Angels Parish 202 N. West Blvd. Landisville, NJ 08326**,  
 drop it off at the Parish Office, e-mail it to [QueenofAngelsRCC@aol.com](mailto:QueenofAngelsRCC@aol.com), fax to 697-6996 or put it in the collection basket.  
 Welcome to our parish family.

ENVELOPE # \_\_\_\_\_  
 (For Office Use)