

St. Mary, Our Lady Queen of Families Parish

New Member/Change of Information Form (Please PRINT Information Clearly)

10.0			`			• /		
V	Envelope #							
1			Date	e:				
Status:N								
Family Name:								
Address:								
City:			State:			Zip:		
Telephone #:_			_ E-Mail	<u>:</u>				
Marital Status:	Single	eMa	rried	_Divorced	Sep	arated _	Widowed	
Male/Husband First & Last Name	Date of Birth	Religion	Baptism	First Comm	Confirma- tion	Marriage	Occupation	
Cemale/Wife irst & Last Name								
Children irst & Last Name	Sex	Date of Birth	Religion	Baptism	First Comm	Confirma- tion	Special Needs	