



Queen of Angels Catholic Church
 1500 West State Blvd.
 Fort Wayne, IN 46808
 260-482-9411

PARISH REGISTRATION FORM
 ***Please print all information. Supply
 sacramental dates, if known.

1) Family Name		2) Street Address, City, State, Zip Code				
3) Area Code & Telephone Number		4) Unlisted? Y or N	5) E-mail address			
6) Head of Household Full Name (include Maiden Name if applicable)		7) Date of Birth	8) Religion	9) Baptized Catholic? Y or N	10) Catholic First Communion? Y or N	11) Catholic Confirmation? Y or N
12) Employer		13) Occupation		14) Business Phone Number	15) Cell Phone Number	
16) Spouse Full Name (include Maiden Name if applicable)		17) Date of Birth	18) Religion	19) Baptized Catholic? Y or N	20) Catholic First Communion? Y or N	21) Catholic Confirmation? Y or N
22) Employer		23) Occupation		24) Business Phone Number	25) Cell Phone Number	
26) Marital Status ___ Single ___ Catholic Marriage (Date _____) ___ Married Outside the Catholic Church (Date _____) ___ Divorced ___ Annulled ___ Widowed			<u>FOR OFFICE USE ONLY</u>			
			Date of Registration		_____	
			Envelope #		_____	
			Welcome Packet		_____	
			Date of Withdrawal		_____	



27) Children (include last name if different)	28) Gender	29) Date of Birth	30) School & Grade (if applicable)	31) Baptism	32) Catholic First Communion	33) Catholic Confirmation
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N
				Y or N	Y or N	Y or N

Welcome to Queen of Angels Parish. Please print off the registration form, fill it out and return it to Queen of Angels Parish, 1500 West State Blvd, Fort Wayne, IN 46808. Thank you.