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Family Registration Form

Date of Registration: _____

MARY OUR QUEEN CATHOLIC CHURCH

6260 The Corners Parkway Peachtree Corners, GA 30092 (770) 416-0002

Are you currently registered in another parish in the Archdiocese of Atlanta? Yes or No

If Yes, Name of Parish _____

Online Giving @ www.maryourqueen.com

Need Offering envelopes? Yes or No _____

Family Name: _____ Home Phone: _____ Cell: _____

Primary Address: _____

Email: _____

Secondary Address: _____ **Permission to publish in Parish Directory**

Phone: _____ Home Phone Home Address Emails

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon? _____ Anniversary Date (optional): __/__/__

Husband/Head: _____ Wife: _____
Name _____ Name _____

First Middle (Init.) Last First Middle (Init.) Last

Date of Birth _____ Date of Birth _____

Sacramental Info: Baptized? Catholic? RCIA?

Reconciliation? First Eucharist? Confirmed? Reconciliation? First Eucharist? Confirmed?

Occupation: _____ Occupation: _____

Employer: _____ Phone: _____ Employer: _____ Phone: _____

Email: _____ Email: _____

Children Information (18 years or younger)

Name _____ M/F _____ Name _____ M/F _____
First Middle Last First Middle Last

Date of Birth _____ Grade _____ Date of Birth _____ Grade _____

Sacramental Info: Baptized Catholic Other Baptized Catholic Other

Parish & Date _____ Parish & Date _____

Reconciliation First Eucharist Confirmed Reconciliation First Eucharist Confirmed

Parish & Dates (optional) _____ Parish & Dates (optional) _____

Name _____ M/F _____ Name _____ M/F _____
First Middle Last First Middle Last

Date of Birth _____ Grade _____ Date of Birth _____ Grade _____

Sacramental Info: Baptized Catholic Other Baptized Catholic Other

Parish & Dates (optional) _____ Parish & Dates (optional) _____

Reconciliation First Eucharist Confirmed Reconciliation First Eucharist Confirmed

Parish & Dates (optional) _____ Parish & Dates (optional) _____

Please feel free to use this reverse side for additional family members of other information. Mail completed form to church address or drop the sheet in the Sunday collection basket. Thank you!

Name _____ M/F _____

First Middle Last

Date of Birth _____ Grade _____

Sacramental Info:

Baptized Catholic Other

Parish & Date _____

Reconciliation First Eucharist Confirmed

Parish & Dates (optional) _____

Name _____ M/F _____

First Middle Last

Date of Birth _____ Grade _____

Sacramental Info:

Baptized Catholic Other

Parish & Date _____

Reconciliation First Eucharist Confirmed

Parish & Dates (optional) _____

MOQ MINISTRIES



I am unable to participate in a ministry at this time

Please circle your family's areas of interest

FAITH FORMATION

Adult Education

Bible Study

Rite of Christian Initiation of Adults

Catechesis of the Good Shepherd

FORMED

GIFT (Growing in Faith Together)

Infant Baptism Program

Library

Parish School of Religion (PSR)

Youth Ministry

Sponsor Couple Marriage Prep

SPIRITUAL LIFE

Altar Care

Altar Servers

Eucharistic Adoration

Family Rosary & Medjogorje

Prayer Group

Lector

Men's Spiritual Fellowship

Pilgrim Queen of the Family

Prayer Chain

Respect Life

Ushers

PARISH LIFE

Martha's Helpers

Men's Club

Mon's Group

Parish Outreach

Sunday Morning Coffee

Wedding Coordinator

WEDS

Women's Guild

MUSIC MINISTRY

Adult Choir

Children's Choir

Blessings

Teen Music

LAY ORGANIZATIONS

Knights of Columbus

St. Vincent de Paul

Honduras Mission

Scouts (Cub Scout Pack 146)

Conquest (Boys Club)