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Would you like to enroll in Parish online giving? Y N or Would you like to receive contribution envelopes? Y N

HEAD OF HOUSEHOLD

Last Name _____ First _____ Middle Initial _____

Title: Mr. Mrs. Ms. Miss Dr. Maiden Name (if applicable): _____

Prior Parish: _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Religion _____ Date of Birth _____ Place _____

Occupation _____ Email Address _____

Where employed _____ Work Phone _____

Marital Status: Single Divorced Widowed Separated Married

Catholic Marriage or Civil Marriage DATE: _____ WHERE: _____

Baptism _____ Parish: _____
MO/DAY/YR Parish Name City State

First Communion _____ Parish: _____
MO/DAY/YR Parish Name City State

Confirmation _____ Parish: _____
MO/DAY/YR Parish Name City State

SPOUSE / OTHER ADULT

Last Name _____ First _____ Middle Initial _____

Title: Mr. Mrs. Ms. Miss Dr. Maiden Name (if applicable): _____

Home Phone _____ Cell Phone _____

Religion _____ Date of Birth _____ Place _____

Occupation _____ Email Address _____

Where employed _____ Work phone _____

SPOUSE / OTHER ADULT cont'

Baptism _____ Parish: _____
MO/DAY/YR Parish Name City State

First Communion _____ Parish: _____
MO/DAY/YR Parish Name City State

Confirmation _____ Parish: _____
MO/DAY/YR Parish Name City State

CHILD 1

Last Name _____ First _____ Middle _____

Gender M F Religion _____

Date of Birth _____ Place _____

School _____ Grade _____

Baptism _____ Parish: _____
MO/DAY/YR Parish Name City State

First Communion _____ Parish: _____
MO/DAY/YR Parish Name City State

Confirmation _____ Parish: _____
MO/DAY/YR Parish Name City State

Do you attend: Kinderbible, CCD, Home Study CCD or Confirmation (circle where applicable)

CHILD 2

Last Name _____ First _____ Middle _____

Gender M F Religion _____

Date of Birth _____ Place _____

School _____ Grade _____

Baptism _____ Parish: _____
MO/DAY/YR Parish Name City State

First Communion _____ Parish: _____
MO/DAY/YR Parish Name City State

Confirmation _____ Parish: _____
MO/DAY/YR Parish Name City State

Do you attend: Kinderbible, CCD, Home Study CCD or Confirmation (circle where applicable)

CHILD 3

Last Name _____ First _____ Middle _____

Gender M F Religion _____

Date of Birth _____ Place _____

School _____ Grade _____

Baptism _____ Parish: _____
MO/DAY/YR Parish Name City State

First Communion _____ Parish: _____
MO/DAY/YR Parish Name City State

Confirmation _____ Parish: _____
MO/DAY/YR Parish Name City State

Do you attend: Kinderbible, CCD, Home Study CCD or Confirmation (circle where applicable)