

**Queen of Angels Catholic Church**  
**Family Registration Update 2012**  
**PLEASE FILL IN NAME, ADDRESS, E-MAIL, AND PHONE NUMBERS**  
**1326 Washington Rd. Thomson Ga. 30824 (706) 595-2913**

Registration Date: \_\_\_ / \_\_\_ / \_\_\_

Contrib. Env.? Y / N *for office use only* Env# \_\_\_\_\_

**Family Information:**

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

First Name(s) \_\_\_\_\_

Family Email: \_\_\_\_\_

Address: \_\_\_\_\_

*Permission to publish phone, address, email in Parish Directory*

\_\_\_\_\_

Publish Phone? Y / N Publish Address? Y / N Publish Email? Y / N

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Couple/Head of Household Information**

Marital Status: \_\_\_ Married by Priest/Deacon? Y / N Anniversary Date: \_\_\_ / \_\_\_ / \_\_\_ Wedding Church/City: \_\_\_\_\_  
 \_\_\_\_\_

**Husband/Head:**

**Wife:**

Active Catholic: Active / Inactive / Other \_\_\_\_\_

Active / Inactive / Other \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Place: \_\_\_\_\_

\_\_\_ / \_\_\_ / \_\_\_ Place: \_\_\_\_\_ (Maiden) \_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_

Sacramental Info: Add Sacrament date, parish, and celebrant if known.

Baptized? Y / N Catholic? Y / N RCIA? Y / N  
 \_\_\_\_\_

Baptized? Y / N Catholic? Y / N RCIA? Y / N  
 \_\_\_\_\_

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N  
 \_\_\_\_\_

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N  
 \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

*Add Sacrament Date & Place if known*

**Children Information**

<u>Child Name:</u>	<u>DOB</u>	<u>Sex</u>	<u>Grad Year</u>	<u>School District:</u> _____	
1 _____	___/___/___	M/F	_____	Special Needs: _____	
	Baptism Y/N	Catholic? Y/N	First Euch. Y/N	Reconcil. Y/N	Confirmation Y/N
Date: ___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Place: _____	_____	_____	_____	_____	_____
2 _____	___/___/___	M/F	_____	Special Needs: _____	
	Baptism Y/N	Catholic? Y/N	First Euch. Y/N	Reconcil. Y/N	Confirmation Y/N
Date: ___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Place: _____	_____	_____	_____	_____	_____
3 _____	___/___/___	M/F	_____	Special Needs: _____	
	Baptism Y/N	Catholic? Y/N	First Euch. Y/N	Reconcil. Y/N	Confirmation Y/N
Date: ___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Place: _____	_____	_____	_____	_____	_____
4 _____	___/___/___	M/F	_____	Special Needs: _____	
	Baptism Y/N	Catholic? Y/N	First Euch. Y/N	Reconcil. Y/N	Confirmation Y/N
Date: ___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Place: _____	_____	_____	_____	_____	_____
5 _____	___/___/___	M/F	_____	Special Needs: _____	
	Baptism Y/N	Catholic? Y/N	First Euch. Y/N	Reconcil. Y/N	Confirmation Y/N
Date: ___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Place: _____	_____	_____	_____	_____	_____