



Queen of Peace
Catholic Church

Office Use:
Updated in Parish Soft: _____

PARISH REGISTRATION

725 12th St West, Dickinson ND, 58601-3516 ✦ (701) 483-2134 ✦ E-mail: office@thequeenofpeace.com

HEAD OF HOUSEHOLD

Last Name _____ First Name _____ Middle Name _____

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

Prior Parish _____ Email Address _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Religion _____ Date of Birth _____ Place _____

Marital Status: Single Married Divorced Separated Widowed

Catholic Marriage OR Civil Marriage Date: _____ Where _____

(Add dates of Sacraments if know)

BAPTISM Date _____ Parish Name _____ City _____ State _____

FIRST COMMUNION Date _____ Parish Name _____ City _____ State _____

CONFIRMATION Date _____ Parish Name _____ City _____ State _____

SPOUSE / OTHER ADULT

Last Name _____ First Name _____ Middle Name _____

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

Prior Parish _____ Email Address _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Religion _____ Date of Birth _____ Place _____

(Add dates of Sacraments if know)

BAPTISM Date _____ Parish Name _____ City _____ State _____

FIRST COMMUNION Date _____ Parish Name _____ City _____ State _____

CONFIRMATION Date _____ Parish Name _____ City _____ State _____

HOW DO YOU WANT TO TITHE?

Envelope Online

CHILD 1

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth _____ Place _____

Religion _____ School _____ Grade _____

(Add dates of Sacraments if know)

BAPTISM Date _____ Parish Name _____ City _____ State _____

FIRST COMMUNION Date _____ Parish Name _____ City _____ State _____

CONFIRMATION Date _____ Parish Name _____ City _____ State _____

CHILD 2

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth _____ Place _____

Religion _____ School _____ Grade _____

(Add dates of Sacraments if know)

BAPTISM Date _____ Parish Name _____ City _____ State _____

FIRST COMMUNION Date _____ Parish Name _____ City _____ State _____

CONFIRMATION Date _____ Parish Name _____ City _____ State _____

CHILD 3

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth _____ Place _____

Religion _____ School _____ Grade _____

(Add dates of Sacraments if know)

BAPTISM Date _____ Parish Name _____ City _____ State _____

FIRST COMMUNION Date _____ Parish Name _____ City _____ State _____

CONFIRMATION Date _____ Parish Name _____ City _____ State _____

CHILD 4

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth _____ Place _____

Religion _____ School _____ Grade _____

(Add dates of Sacraments if know)

BAPTISM Date _____ Parish Name _____ City _____ State _____

FIRST COMMUNION Date _____ Parish Name _____ City _____ State _____

CONFIRMATION Date _____ Parish Name _____ City _____ State _____

HOW CAN WE SERVE YOU FURTHER?