

Family Last Name: _____

Today's Date: _____

St. Peter Parish

For Office Use Only
Church ID # _____

2600 Maine Street * Quincy, IL 62301
Phone (217) 222-3155 Fax (217) 222-3584 www.cospq.org

New Parishioner Registration

Former Parish: _____ City, State: _____

Family e-mail address: _____

Home Address: _____ City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____ (husband/wife)

(Continued on back)

			Sacraments Received (Yes or No)					
Heads of household (including first, middle and maiden name)	D.O.B.	Marital Status	Religion	Baptized?	1st Communion?	Confirmed?	Place of Marriage	Occupation
Name	/ /							
Name	/ /							
Children (include first & middle names)	D.O.B.	Male/ Female	Religion	Baptized?	1st Communion?	Confirmed?	Name of School	Lives with you? (yes or no)
Name	/ /							
Name	/ /							
Name	/ /							
Name	/ /							
Name	/ /							
Name	/ /							
Others living with you								Relationship
Name	/ /							
Name	/ /							

What brings you to St. Peter Parish? (Please check)

- Just moved to Quincy/Area
- Just moved into Parish boundaries
- Transferring from another Parish
- Just becoming Catholic or Returning to Catholic Faith
- Other (please specify): _____

Would you like to have church contribution envelopes? Yes No

May we please welcome you in our bulletin? Yes No

Would you like our Warm & Welcoming Committee to contact you? Yes No

If so, what is the best time?

Day _____ Time _____

Do you have any immediate needs we can address?

- Would like a tour of St. Peter School
- Would like information about the PSR Program
- Would like information about Sacramental Preparation.
Sacrament: _____
- Other (Please specify): _____

Thank you!

For Office Use Only—W&W
Initial phone contact date _____
Home visit date _____
Followup phone contact date _____
W&W committee member _____