

Family Last Name: _____

Today's Date: _____

St. Peter Parish

2600 Maine Street, Quincy, IL 62301

Phone (217) 222-3155 Fax (217) 222-3584 www.cospq.org

For Office Use Only
Church ID # _____
Received: _____

New Parishioner Registration

Former Parish: _____ City, State: _____

Husband's e-mail address: _____ Wife's e-mail address: _____

Home Address: _____ City, State, ZIP: _____

Home Phone: _____ Husband's Cell: _____ Wife's Cell: _____

(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?	Occupation	Employer	
Name	/ /								
Name	/ /								
			Place of Marriage:						
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	/ /								
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

May our Warm & Welcoming Committee 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!