

ID/ENV # _____

MARY QUEEN OF THE HOLY ROSARY

MEMBER REGISTRATION FORM

_____ Date Registered

Please return completed form to 601 Hill N Dale Rd., Lexington KY 40503

Any questions please call 859-278-7432

ADULT #1: _____
LAST, FIRST

ADULT #2 _____
LAST, FIRST

MAIDEN NAME OF WIFE: _____

ADDRESS: _____
STREET OR BOX CITY STATE ZIP

PHONE: (____) _____ EMAIL _____

MARITAL STATUS: ___ Single ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed

MARRIAGE INFORMATION: Date of Marriage ___/___/___ Place Married: _____
Church - City

Were you married by Priest? Yes ___ No ___ Were you married outside the Catholic Church? Yes ___ No ___

Was your marriage blessed by a Priest? Yes ___ No ___ Or in a ceremony approved by the Bishop? Yes ___ No ___

If not, would you like to have your marriage validated (blessed)? Yes ___ No ___

Were you previously married? Yes ___ No ___ If yes, was an annulment granted? Yes ___ No ___

If not, would you like to seek an annulment? Yes ___ No ___

ADULT#1

ADULT#2

Name: _____

Name: _____

Date of Birth: ___/___/___

Date of Birth: ___/___/___

Occupation: _____

Occupation: _____

Company: _____

Company: _____

Phone: (____) _____

Phone: (____) _____

Education: ___ High School ___ College ___ Graduate
___ Post Graduate Other: _____

Education: ___ High School ___ College ___ Graduate
___ Post Graduate Other: _____

___ Baptized Roman Catholic

___ Baptized Roman Catholic

___ Received into Catholic Church
Date ___/___/___ Place: _____

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Date ___/___/___ Place: _____

___ First Communion

___ First Communion

___ Confirmation

___ Confirmation

If not Catholic, Denomination: _____

If not Catholic, Denomination: _____

Are you active in another Church? Yes ___ No ___

Are you active in another Church? Yes ___ No ___

Are you interested in becoming Catholic? Yes ___ No ___

Are you interested in becoming Catholic? Yes ___ No ___

Are there any disabilities of which you would like us to be aware of? _____

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You are invited to share any other information about yourself or your family that you would a member of our Pastoral Staff to know:



CHILDREN INFORMATION: Please indicate if last names are different from Family Name.

NAME	BIRTH DATE	SCHOOL ATTENDING	Date	BAPTISM		Penance (Yes/No)	Dates, if known	
				Church	City		Eucharist (Yes/No)	Confirmation (Yes/No)
	/ /		(Y) (N) / /	/ /		/ /	/ /	/ /
	/ /		(Y) (N) / /	/ /		/ /	/ /	/ /
	/ /		(Y) (N) / /	/ /		/ /	/ /	/ /
	/ /		(Y) (N) / /	/ /		/ /	/ /	/ /
	/ /		(Y) (N) / /	/ /		/ /	/ /	/ /
	/ /		(Y) (N) / /	/ /		/ /	/ /	/ /

If child(ren) is(are) not baptized, are you interested in having him/her baptized? Yes ___ No ___

Are there any disabilities of which you would like us to be aware of? Yes ___ No ___

If yes, please elaborate: _____

Does your child have any learning or reading disabilities or impairments of which our religious education teachers should be aware of? Yes ___ No ___

If yes, please elaborate: _____