

QUEEN OF THE MOST HOLY ROSARY CATHOLIC CHURCH  
PARISH REGISTRATION FORM

P.O. Box 159 425 2<sup>nd</sup> Street SE, Stanley, ND 58784-0159

Parish Office: 701-628-3405 Fax: 701-628-3406

Website: www.holyrosarystanley.com

Please complete first page for EACH Adult Catholic person in your household and return by mail, drop off at the church office, or put in the weekly collection.

1. Title (Mr., Mrs., Miss, etc.) 1. \_\_\_\_\_
2. First Name 2. \_\_\_\_\_
3. Middle Name 3. \_\_\_\_\_
4. Last Name 4. \_\_\_\_\_
5. Maiden Name (if applicable) 5. \_\_\_\_\_
6. Spouse's Name (note NC if non-Catholic) 6. \_\_\_\_\_
7. Street Address 7. \_\_\_\_\_
8. Mailing Address (if different than Street address) 8. \_\_\_\_\_
9. City & Zip Code 9. \_\_\_\_\_
10. E-Mail Address 10. \_\_\_\_\_
11. Home Phone 11. \_\_\_\_\_
12. Cell Phone 12. \_\_\_\_\_
13. Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
14. Male \_\_\_\_\_ Female \_\_\_\_\_
15. Sacraments – Please mark those received.  
\_\_\_\_\_ Baptism                  \_\_\_\_\_ First Communion                  \_\_\_\_\_ Confirmation
16. **Marital Status**          \_\_\_\_\_ Catholic Spouse          \_\_\_\_\_ Non-Catholic Spouse  
   \_\_\_\_\_ Single                  \_\_\_\_\_ Widowed                  \_\_\_\_\_ Civil Marriage  
   \_\_\_\_\_ Re-married, no declaration of nullity (annulment)
17. Date of Marriage Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
18. Registration          \_\_\_\_\_ Renewal-Established Parishioner          \_\_\_\_\_ New Parishioner
18. **Contributions**          Do you receive offertory envelopes?                  Yes                  No  
   If no, do you want to receive them?                  Yes                  No  
   If yes, do you want to continue receiving them?                  Yes                  No

**Children Birth – High School** **Check if received**

**Name (First/Middle/Last)**      **M/F**      **Birthdate**      **Birthplace – City and State**      **Baptism**      **Communion**      **Confirmation**


**Older Grown Children Living at home only. Please let us know if they move** **Check if received**

**Name (First/Middle/Last)**      **M/F**      **Birthdate**      **Birthplace – City and State**      **Baptism**      **Communion**      **Confirmation**


**Parish Stewardship**

Please check if interested or currently involved & include name of family member. Thank you!

- |   |   |
|---|---|
| <p><input type="checkbox"/> Adoration</p> <p><input type="checkbox"/> Altar Server              Sat or Sun</p> <p><input type="checkbox"/> Greeter                      Sat or Sun</p> <p><input type="checkbox"/> Eucharistic Minister      Sat or Sun</p> <p><input type="checkbox"/> Eucharistic Minister (Shut-ins)</p> <p><input type="checkbox"/> Gift Bearer                  Sat or Sun</p> <p><input type="checkbox"/> Usher                         Sat or Sun</p> <p><input type="checkbox"/> Lector                        Sat or Sun</p> <p><input type="checkbox"/> Lead the Rosary              Sat or Sun</p> <p><input type="checkbox"/> Choir</p> <p><input type="checkbox"/> Cantor</p> <p><input type="checkbox"/> Catechism Instructor</p> | <p><input type="checkbox"/> Church Cleaning (when needed)</p> <p><input type="checkbox"/> Knights of Columbus</p> <p><input type="checkbox"/> Ladies Altar Society</p> <p><input type="checkbox"/> Parish Council</p> <p><input type="checkbox"/> Vocations Committee</p> <p><input type="checkbox"/> Youth Group Leader</p> <p><input type="checkbox"/> Pro-Life Committee</p> <p><input type="checkbox"/> Evangelization Committee</p> <p><input type="checkbox"/> Prayer Chain</p> <p><input type="checkbox"/> Visit Shut-in/Nursing Home</p> <p><input type="checkbox"/> Meals for Moms</p> <p>following birth of new child/ren</p> |
|---|---|

**Comments:**

