

Parish Registration Information

Our Lady of Fatima Parish

Queen of All Saints

200 N Dale Road – Moses Lake, WA 98837 (509) 765-6729, Fax (509) 765-0114

Today's Date: ____/____/____ (Check one) New Parishioner Update/Change

Language spoken at home: _____ Interpreter needed? YES NO

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Other _____	Mr. Mrs. Miss. Ms. Dr. Other _____
Name: (Last -First - Middle)		
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthdate: (yr. optional)	Date: _____	Date: _____
Preferred or Nickname		
Mailing Address: City, State / Zip:	_____	_____
Alternate Address (snowbird) Address: City, State / Zip:	From: _____ To: _____ _____	From: _____ To: _____ _____
Home Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Cell Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Work Phone	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Email		
Fax #:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Marital Status:		
Anniversary Date:	Date: _____	Date: _____
Occupation:		
Employer (optional):		
Church Background		
Baptized:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____

Children Living at Home

Name (first, middle, last)	Birth Date	School Grade	Baptized	Register in Religious Education?
	Date: _____		yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Grade: _____
	Date: _____		yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Grade: _____
	Date: _____		yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Grade: _____
	Date: _____		yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Grade: _____
	Date: _____		yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Grade: _____
	Date: _____		yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Grade: _____

Would you like to receive an email when there's a special event in our parish? YES NO

Would you like to receive offertory envelopes? YES NO Already receiving envelopes

Please mark with an X any that apply

Ministry	Current Ministry already involved in:	Willing to Serve in:	Spanish Ministries	I would like more information in this ministry	NOTES
Arts & Environment					
Columbarium Committee					
Deacon					
Eucharistic Minister (Mass)					
EM to Nursing Home/Homebound					
Evangelization Retreats					
Finance Council Committee					
Friends of Fatima					
Friends of Queen of All Saints					
Future Building & Grounds Committee					
Funeral Luncheon Committee					
Garden Club					
Greeters/Ushers					
Haiti Godchild Mission					
Hospitality Committee					
Knights of Columbus					
Linens					
Liturgical Ministries					
Liturgy Board Committee					
Mass Coordinators					
Money Counters					
Music Ministry <i>Adult Choir</i> <i>Youth Choir</i> <i>Saturday Vigil Mass</i>					
Our Lady's Gift Shop					
Parish Council Committee					
Parish Library					
Perpetual Eucharistic Adoration					
Prayer Chain					
Prayer Group					
Religious Education – Adults					
Religious Education – Children					
Safety Committee					
Soup Kitchen					
St. Rita's Committee					
Young Adults					
Young Mother's Prayer Group					
Other					

Skills/Gifts/Special Talents That I'm Willing to Share

<input type="checkbox"/> Administrator	<input type="checkbox"/> <input type="checkbox"/> Cooking	<input type="checkbox"/> <input type="checkbox"/> Office Help
<input type="checkbox"/> Artist	<input type="checkbox"/> <input type="checkbox"/> Drama	<input type="checkbox"/> <input type="checkbox"/> Pianist
<input type="checkbox"/> Caregiver	<input type="checkbox"/> <input type="checkbox"/> Electrical	<input type="checkbox"/> <input type="checkbox"/> Singing
<input type="checkbox"/> Carpentry	<input type="checkbox"/> <input type="checkbox"/> Guitar	<input type="checkbox"/> <input type="checkbox"/> Teaching
<input type="checkbox"/> <input type="checkbox"/> Computer	<input type="checkbox"/> <input type="checkbox"/> Music	<input type="checkbox"/> <input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____

Comments:
