



Mary Queen of the Rosary PARISH

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REGISTRATION FORM

Family Last Name		If Mailing Address is Different, Please Indicate.		
Street	Email	Wife's Maiden Name	Do you want to receive envelopes? Yes No	
Town/Zip	Phone	Her Occupation?	His Occupation?	
	Cell			

		First Name	Middle Name	Date of Birth <small>MONTH-DAY-YEAR</small>	Catholic	Baptized	First Communion	Confirmed	Attends Catholic School	Attends Faith Formation	Willing to Help in Parish	Willing to help with Faith Formation
	1	Male		/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	2	Female		/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Oldest Child to Youngest (Family Name if Different)											
LIST ALL CHILDREN IN THE FAMILY	3			M F	/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	4			M F	/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	5			M F	/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	6			M F	/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	7			M F	/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	8			M F	/ /	Y N	Y N	Y N	Y N	Y N	Y N	Y N

PLEASE RETURN BY MAIL, COLLECTION BASKET, OR THE PARISH MAIL SLOT AT THE OFFICE