

**SPECIAL NEEDS SURVEY:** The following household members have special needs as identified by letter(s). List letter of condition(s):

Name: \_\_\_\_\_ A. Hearing Impaired

B. Visually Impaired

Name: \_\_\_\_\_ C. Mental Disability

D. Physical Disability

E. Limited Mobility

F. Homebound

G. Nursing Home

Please list other conditions: \_\_\_\_\_ H. Other

# Mary, Queen of Peace Parish

1121 – 228th Avenue SE

Sammamish, Washington 98075

Parish Office: 425-391-1178 / FAX: 425-391-3797

Web Site: [www.MQP.org](http://www.MQP.org) / Email: [Office@mqp.org](mailto:Office@mqp.org)

## REGISTRATION

On behalf of the staff and parishioners of Mary, Queen of Peace Parish, *welcome!!* We are an active and growing parish, welcoming in spirit and united in our diversity. We seek to be the family of God through our active participation in stewardship through worship, education, service, and social activities. Although we are a large faith community, we strive to always cherish and value the gifts of each parishioner.

We invite you as an active parishioner, to do two things:

1. Find a place in our parish that nurtures and serves you in your faith development, *and*
2. Find a way to serve others in our parish, through the sharing of your time, talent, and treasure.

It is by being served and serving others that we become part of the community and find our faith alive and growing. This is how our lives will bear witness to our beliefs.

*By filling out this registration form,  
you will receive important information and literature  
on ways you can become actively engaged in the community.*

*The data you provide will help the parish  
better serve our diverse community.*

No registration data is ever released to outside agencies.  
Parish planning bodies have access only to aggregate data.  
Your name, address and phone number will be printed in our annual parish directory unless you request that it not be included.

**PLEASE PRINT ALL INFORMATION**

TODAY'S DATE: \_\_\_\_\_ HOME/CELL PHONE: ( ) \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ MOM CELL PHONE: ( ) \_\_\_\_\_

STREET: \_\_\_\_\_ DAD CELL PHONE: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
PARISH ID #	_____
ENTERED BY	_____
DATE ENTERED	_____
VERIFIED BY	_____
ENTRY COMPLETED	_____

**SACRAMENTS RECEIVED**  
(In the boxes below, please enter  
Y for yes, N for no)

When possible, I prefer parish correspondence to be sent via EMAIL: \_\_\_\_ Yes \_\_\_\_ No

	NAME ( FIRST and MIDDLE ) <i>(include LAST NAME if different from above)</i>	NICKNAME <i>(if any)</i>	Gender M/F	Birth date M/D/Y	Racial / Ethnic Background	Occupation	Grade / Education Level & Degree	Religion (If other then Catholic)	Baptism	Eucharist	Confirmation	Sacramental Marriage
1												
2												
3												
4												
5												
6												

Include my information in the parish directory \_\_\_\_ YES \_\_\_\_ NO

**MASS MOST OFTEN ATTENDED**  
(check one)

Sat. 5:00 p.m.  
 Sun. 7:30 a.m.  
 Sun. 9:00 a.m.  
 Sun. 11:30 a.m.  
 Sun. 5:00 p.m.

Do you have any questions you would like answered by the parish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MARITAL STATUS**

Single  
 Separated  
 Married  
 Widow/Widower  
 Divorced  
 Remarried

**Which option(s) would you prefer to use for your financial support of the parish?**

Simplified Giving  
 \_\_\_\_\_ Automatic Bank Deduction  
 \_\_\_\_\_ Credit Card

Weekly Stewardship Envelopes

Employer Sponsored Donation Programs

Other \_\_\_\_\_