

**PART I  
FAMILY INFORMATION**

**COMPLETE PARTS I, II, & III OF FORM  
FOR REGISTRATION TO BE ACCEPTED**

FAMILY LAST NAME \_\_\_\_\_

FIRST \_\_\_\_\_

SPOUSE \_\_\_\_\_

TITLE: (CIRCLE ONE) MR./MRS. MR. MRS. MS.  
MISS DR./MRS OTHER: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY/ZIP \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_  
IS THIS AN UNLISTED NUMBER? (Y) (N)

SECOND RESIDENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONTH \_\_\_\_\_ TO \_\_\_\_\_

MARITAL STATUS: (CIRCLE ONE)  
CHURCH MAR MAR SING DIV SEP WIDOW

FORMER PARISH/LOCATION \_\_\_\_\_  
\_\_\_\_\_

CHURCH ATTENDANCE:  
 FREQUENT  REGULAR  OCCASIONAL  
 SELDOM

MASS ATTENDED:  Sat.5:00p.m.  Sat. 7:00p.m.  
Sunday  8:00a.m.  9:45a.m.  11:30a.m.

**PART II  
FINANCIAL COMMITMENT**

**Stewardship of Treasure**

In thanksgiving for God's many blessings in life, I/we will make a financial commitment of \_\_\_\_\_% of income to Queen of the Apostles' Parish. This gift is proportionate to the blessings received from God. I/we will "gift wrap" this contribution by using my Parish Offertory Envelope in the following manner:

Weekly \_\_\_\_\_  
Every other Week \_\_\_\_\_  
Monthly \_\_\_\_\_  
Other \_\_\_\_\_

*A good goal would be to work toward giving 5% to the parish, 1% to the Diocesan Support Appeal and 4% to other charities.*

\_\_\_\_\_ Interested in learning about bank draft and/or credit card contributions.

***This portion will be held confidential.***

**Saint Paul said,  
"There are different gifts  
but the same spirit;  
there are different ministries  
but the same Lord;  
there are different works  
but the same God who accomplishes  
all of them in everyone.  
To each person the manifestation  
of the Spirit is given  
for the common good.**

**REGISTRATION FORM**

**THE PARISH OF MARY,  
QUEEN OF THE APOSTLES**

**503 N. MAIN STREET  
BELMONT, NORTH CAROLINA 28012**

**OFFICE: (704) 825-9600**

**FAX: (704) 825-1413**

**EMAIL: QUEENOFAPOSTLES@AOL.COM  
WEBSITE: WWW.QUEENOFTHEAPOSTLES.ORG**



**Please complete Part I, II and III  
for Registration to be accepted**

## MISSION STATEMENT

With the Blessed Virgin Mary, the first disciple of Jesus Christ, as our example and patron, the mission of Queen of the Apostles Catholic Church is to proclaim and share the Gospel entrusted to us. We celebrate our oneness with the Risen Christ, with each other and the entire Church, through the sacraments, especially the Holy Eucharist. We accept the direction given us by the Second Vatican Council. We are committed to this mission by the worship, education, fellowship, and outreach to the needy.

### REGISTRATION FORM PART III—INDIVIDUAL INFORMATION

	ADULT	ADULT	CHILD	CHILD	CHILD	CHILD	OTHER ADULT
FIRST NAME							
GRADE/DEGREE							
SEX							
BIRTH DATE							
LANGUAGE(S) SPOKEN							
ETHNIC ORIGIN (Asian/Pacific Islander, Eng/Togalog Black/African American, Hispanic, Native Amer, White/Cauc, Other)							
RELIGION							
DISABILITIES							
OCCUPATION OR CHILD'S SCHOOL							
LOCATION							
BUSINESS PHONE							
BAPTIZED	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
FIRST EUCHARIST	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
CONFIRMATION	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
MARRIED	(Y) (N) DATE	(Y) (N) DATE					

*COMMENTS / MINISTRIES INTERESTED IN / TALENTS:*

**FAMILY LAST NAME:** \_\_\_\_\_