

**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. Sun. 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: _____