Office Use Only: PDS – List – Rolo – Insta – Bulletin-School Env. #_____

Prince of Peace Catholic Church
1209 Brushy Creek Road
Taylors, SC 29687
(864) 268-4352, Fax(864)322-2239
www.princeofpeacetaylors.org

NEW MEMBER REGISTRATION FORM

Circle One: Mr. & Mrs. Mr. Mrs. Miss Ms. Date:_____

FAMILY LAST NAME:_____

Street Address:_____

Name of Subdivision/Apartments:_____

City:_____ Zip Code _____- ____ Home Phone_____ Unlisted? Y N

E-mail Address:_____
Would you like to receive weekly updates from Prince of Peace? Y N

Is English the primary language spoken in your home?____ If not, which language is?_____

Your First Name:_____ Religion:_____
Former Church:_____
Employer:_____ Work Phone:_____

Occupation:_____ Date of Birth:_____
If retired, what is your field of expertise?_____

Spouse/Fiancee's First Name:_____Religion:_____
Former Church:_____
Employer:_____ Work Phone:_____

Occupation:_____ Date of Birth:_____
If retired, what is your field of expertise?_____

Marital Status(circle one) Single – Engaged – Married – Divorced – Widow/er
Date of Marriage_____

Do you have any relatives who are members of Prince of Peace? If so, please indicate their names and relationship to your family:
_____

Please fill in the information below regarding your children and check which Sacraments they have received.
CHILDREN 18 YEARS AND OLDER SHOULD REGISTER INDIVIDUALLY AS ADULTS WETHER LIVING AT HOME OR AWAY AT SCHOOL.

Name	Sex	Birthdate	Name of School and Grade	Baptism	First Confession	First Communion	Confirmed