



Cathedral Basilica of Our Lady of Peace

PARISH REGISTRATION FORM

ENVELOPE # _____

DATE _____

Family Last Name _____
 Street Address _____
 City, State, Zip _____
 Telephone _____
 E-mail Address _____

SECOND ADDRESS

Dates - From (month - month) _____ - _____
 Street Address _____
 City, State, Zip _____
 Telephone _____

What is your primary language? _____

Do you want to receive contribution envelopes? (Check box) Yes No

Marital Status (Check box) Single Married Divorced Separated Widowed

Were you married by a: (Check box) Catholic Priest Minister Justice of the Peace

| Family Member Info (Full Names) | Birth Date | Baptism | Confirmation | Marriage Date | Occupation or School | Committees or Ministries you are interested in joining |
|---|-----------------|---------|--------------|-----------------|----------------------------|---|
| Head of Household | ___ / ___ / ___ | Yes No | Yes No | ___ / ___ / ___ | | |
| Spouse - <i>Indicate Maiden Name</i> | ___ / ___ / ___ | Yes No | Yes No | | | |
| Children <u>Living at Home</u> (indicate M/F) | | | | | | |
| 1) | ___ / ___ / ___ | Yes No | Yes No | | | |
| 2) | ___ / ___ / ___ | Yes No | Yes No | | | |
| 3) | ___ / ___ / ___ | Yes No | Yes No | | | |
| 4) | ___ / ___ / ___ | Yes No | Yes No | | | |
| 5) | ___ / ___ / ___ | Yes No | Yes No | | | |

*Mail this form to: Cathedral of Our Lady of Peace, 1184 Bishop Street, Honolulu, HI 96813

You may also - drop it off at the office or drop in offering basket at Mass or FAX to (808) 585-3383

Religious Education is offered for students in grades K-10. Please call the Rectory at (808) 536-7036, for registration information.