



Cathedral of Our Lady of Peace

ENVELOPE # _____

PARISH REGISTRATION FORM

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? _____

Marital Status: Yes No Married Divorced Separated Widowed
 Were you married by a: (circle one) 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> <i>(indicate M/F)</i>						
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. Contact Ann Hannan (808) 536-7036, for registration information.