

REGISTRATION NUMBER

**IMMACULATE CONCEPTION CHURCH
PARISH REGISTRATON FORM**

FAMILY NAME: _____

TODAY'S DATE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: HOME () _____ WORK () _____

EMAIL ADDRESS: _____

HEAD OF HOUSEHOLD AND SPOUSE	BIRTHDATE	BIRTH CITY, STATE COUNTRY	MARITAL STATUS	RELIGION	BAPTIZED DATE	1 ST COMMUNION DATE	CONFIRMATION DATE	MARRIED BY: PRIEST/ DEACON DATE	OCCUPATION/ EDUCATION	LANGUAGE
(FIRST AND MIDDLE NAME) OF HEAD	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	__/__/__		
(FIRST & MAIDEN NAME) OF SPOUSE	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	__/__/__		

DEPENDENT CHILDREN	BIRTH DATE	BIRTH CITY, STATE COUNTRY	SEX (M/F)	RELIGION	BAPTIZED DATE	1 ST COMMUNION DATE	CONFIRMATION DATE	EDUCATION (GRADE)
	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	
	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	
	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	
	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	
	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	
	__/__/__				YES / NO _/_/___	YES / NO _/_/___	YES / NO _/_/___	

OTHER ADULTS IN YOUR HOME	BIRTH DATE	BIRTH COUNTRY	MARITAL STATUS	RELIGION	BAPTIZED (YES/NO)	1 ST COMMUNION (YES/NO)	CONFIRMATION (YES/NO)	MARRIED BY PRIEST/DEACON	OCCUPATION

WERE YOU PREVIOUSLY REGISTERED IN ANOTHER PARISH? YES NO IF YES, NAME OF CHURCH _____

DO YOU WISH TO RECEIVE DONATION ENVELOPES? YES NO IS THERE A PERSONAL NEED YOU WOULD LIKE TO DISCUSS WITH THE PASTOR? YES NO

IS THERE ANYONE IN YOUR HOME WITH SPECIAL NEEDS? YES NO IF SO, PLEASE DESCRIBE _____

COMMENTS: _____

NOTE: IF YOU MOVE TO ANOTHER PARISH OR CHANGE YOUR ADDRESS, PLEASE NOTIFY THE OFFICE, SO WE CAN KEEP OUR RECORDS UP TO DATE. THANK YOU!