

Immaculate Conception Parish Registration Form

First Name: _____ Last Name: _____

Street and Mailing Address: _____

Postal Code: _____ Home #: _____ Cell: _____

Email Address: _____

Marital Status (circle one): Married in the Catholic Church Single Widow/Widower Other

Children Living at Home:

Sacraments Received:

Name:	M/F	Age	Grade	Baptism	Eucharist	Confirmation
-------	-----	-----	-------	---------	-----------	--------------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

Check all that apply. I am interested in ...

- | | | |
|--|---|---|
| <input type="checkbox"/> receiving Offertory Envelopes | <input type="checkbox"/> the bulletin emailed to me | <input type="checkbox"/> a pastoral visit |
| <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Catholic Women's League | <input type="checkbox"/> Catechism / PREP |
| <input type="checkbox"/> Catholic School | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Young Adults |
| | | <input type="checkbox"/> serving in Liturgical Ministries |