

IMMACULATE CONCEPTION CATHOLIC CHURCH

Parish Registration Form

This information is for Parish use only.

Today's Date: _____	Envelope # _____
---------------------	------------------

Family Info:	<p>Head of Household: Last Name: _____ First Name: _____ Title: _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____</p> <p>Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1st Penance: Yes No 1st Communion: Yes No Confirmation: Yes No Married on: _____ Church: _____ City/State: _____ Were you married in the Catholic Church? Yes No Were you previously married? Yes No Has this marriage been annulled? Yes No</p>	<p>Spouse: Last Name: _____ First Name: _____ Title: _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____</p> <p>Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1st Penance: Yes No 1st Communion: Yes No Confirmation: Yes No Were you previously married? Yes No Has this marriage been annulled? Yes No</p>
Phones: Email:	Home: _____ Cell: _____ Work: _____ Family Email: _____ Personal Email: _____	Cell: _____ Work: _____ Personal Email: _____

Mailing Address:	Mailing Address: _____ City/State/Zip: _____ Home Address: _____ City/State/Zip: _____ (if different from mailing address)	<p>Name of the Parish you are transferring from:</p> _____ _____
------------------	--	--

Please list all children that are living in the home from oldest to the youngest. If Child is 21 or older and not living at home, they should fill out their own registration form. If you have more than 4 children, please list them on another form and attach it to this sheet.

Child #1 Last Name: _____ First Name: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No
Child #2 Last Name: _____ First Name: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No
Child #3 Last Name: _____ First Name: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No
Child #4 Last Name: _____ First Name: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No

PHOTO & PUBLICITY CONSENT

I understand that promotional pictures and videos (individual and group) of me and my family members (including minor children) may be taken during parish, school, diocesan and other events. I hereby give permission for images, names, ages, comments, parish/school, verbal or written remarks to be used for news and promotional materials for Immaculate Conception. This permission will remain in force unless withdrawn in writing by a letter to the Parish Office.

Signature: _____

OFFICE USE ONLY:

Date: _____ Entered by _____