



CONFIDENTIAL PARISH REGISTRATION

Please ✓ check parish you wish to join:

Immaculate Conception Sacred Heart St. Rose of Lima

OFFICE USE ONLY:
Database: _____
Bulletin: _____
Envelopes: _____
Visitor: _____
Welcome: _____
Email: _____

FAMILY INFORMATION

(Please Print)

Today's Date: _____

Family Name _____ Home Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Home E-mail _____

MARITAL STATUS

Single ___ Civil Marriage ___ Roman Catholic Marriage ___ Separated ___ Divorced ___ Widowed ___

Date of Marriage _____ Married By _____

Place of Marriage (location, city & state) _____

MEMBER INFORMATION

Please fill in completely for each family member. If you are single, please fill in appropriate information.

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Cell Phone _____

E-mail _____ Occupation _____

Religion _____ Baptized: Yes No First Eucharist: Yes No Confirmed: Yes No

Talents/Interests _____

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Cell Phone _____

E-mail _____ Occupation _____

Religion _____ Baptized: Yes No First Eucharist: Yes No Confirmed: Yes No

Talents/Interests _____

Children Living At Home

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Religion _____

School _____ Grade _____

Baptized: Yes No First Eucharist: Yes No Confirmed: Yes No

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Religion _____

School _____ Grade _____

Baptized: Yes No First Eucharist: Yes No Confirmed: Yes No

If more space is needed, please use back of form.