



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: _____

**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.