

The Immaculata Church Registration Form

HEAD OF HOUSEHOLD

TODAY'S DATE _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ ADD'L PHONE (TYPE: _____): _____

EMAIL ADDRESS: _____

GENDER: M F DATE OF BIRTH: _____ OCCUPATION/GRADE LEVEL: _____

RELIGION: _____ LANGUAGE(S) SPOKEN: _____ ETHNICITY: _____

MARITAL STATUS: _____ DATE OF MARRIAGE: _____ CIVIL CATHOLIC CHURCH

SACRAMENTS RECEIVED: BAPTISM EUCHARIST CONFIRMATION MARRIAGE

EMERGENCY CONTACT: NAME: _____ PHONE: _____ RELATIONSHIP: _____

ADDITIONAL HOUSEHOLD MEMBER

RELATIONSHIP TO HEAD OF HOUSEHOLD (WIFE, SON, NIECE, ETC.): _____

LAST NAME: _____ FIRST NAME: _____

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Please use Page 3 for other additional members

Please provide us with any additional information that will help us to know you and serve you better. Please include any special needs that you or your family might have:

Please check ministries you are interested in:

- | | | | |
|--------------------------------|---------------------------|--------------------------------|-----------------------|
| Adopt-An-Engaged Couple | Finance Council | Men's Chastity Groups | Social Justice |
| Adoration | Give-Back Sunday Team | Mental Health Ministry | St. Vincent de Paul |
| Adult Faith Formation | High School Youth Infant | Team Homebound Ministry | Stewardship Committee |
| Altar Linen Care | Baptism Prep Team Kids | Music Ministry | Usher/Greeters |
| Altar Servers | Pew Krew | New Parishioner Welcome | |
| Bereavement Ministry | Kids Who Kare | Parish Fellowship Ministry | |
| Catechists of Children & Youth | Knights of Columbus | Parish Office Volunteers | |
| Childcare | Ladies of the Immaculata | Parish Rosary | |
| Children's Liturgy of the Word | Lay Eucharistic Ministers | Pastoral Council | |
| Donut Ministry | Lectors | RCIA Team | |
| Evangelization | Liturgical Environment | Sacred Shuttles: Rides to Mass | |

OFFICE USE	
Date Entered:	_____
Envelope #:	_____
Welcome Pkt. Sent:	_____
Committee Notified:	_____
Ministry Head(s) Notified:	_____
Beacon Date:	_____

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