PDS ID No	-	Immaculate	Conception Chur	ch Registration &	c Census Form	
Registration Date	- PLEASE PRINT: L	ast Name	Head	Spouse's Nam	e:	
Welcome Basket	- Street Address		Ci Carrier	ty	State	Zip
Contact						
OSV Bulletin Fr LEASE FILL IN ONE COLUMN FO	Number of Childr	en at Home	e blessed or validated by the second se	Circle one: Current		
	ADULT	ADULT	OTHER/CHILD	OTHER/CHILD	OTHER/CHILD	OTHER/CHILD
Last Name						
Maiden Name						
First and Middle Name						
Sex	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female
Marital Status (Circle One): Si	ngle, Married, Wid	owed, Divorced, or	Separated	·	•	
Religion						
Occupation / Location						
Work Phone						
Cell Phone						
School / Grade (Children)						
Birthday Mo/Day/Year	/ /	/ /	/ /	/ /	/ /	/ /
(H)	o if sacrament has r	ot been received. s received here. Plea	ase include date if kno			
*Baptism Mo./Day/Year	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /
	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /	Y N H U / /