Immaculate Conception Church Registration & Census Form

PDS ID No. _____
Registration Date _____
Welcome Basket _____
Contact _____

PLEASE PRINT: Last Name _____ Head _____ Spouse's Name: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ E-mail Address _____

If currently married, was your marriage blessed or validated by the Catholic Church?: ☐ Yes ☐ No

Number of Children at Home _____ Circle one: Current member of the Parish / New member

PLEASE FILL IN ONE COLUMN FOR YOURSELF AND FOR EACH MEMBER OF YOUR FAMILY THAT RESIDES WITH YOU: ***Please check back of page for special instructions**

	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): Single, Married, Widowed, Divorced, or Separated						
Religion						
Occupation / Location						
Work Phone						
Cell Phone						
School / Grade (Children)						
Birthday Mo/Day/Year	/ /	/ /	/ /	/ /	/ /	/ /
Sacraments: Circle (Y)es if the sacrament has been received. Please include date if known by month/day/year. (N)o if sacrament has not been received. (H)ere if sacrament was received here. Please include date if known by month/day/year. (U)nknown if no information is known on the sacrament.						
*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 / /
*1st Confession 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 / /
*1st Communion 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 / /
*Confirmation 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 / /
*Marriage 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 / /