

IMMACULATE HEART OF MARY PARISH REGISTRATION FORM

FAMILY'S LAST NAME: _____ DATE: _____

CURRENT ADDRESS:

(Street) (City/State) (Zip)

PREVIOUS ADDRESS:

(Street) (City/State) (Zip)

PHONE:

(Home--listed/unlisted) (Cell) (E-mail address)

PREVIOUS PARISH: _____

(Name) (City/State)

FAMILY INFORMATION

NAME: _____

Title (Dr. Mr. Mrs. Ms. etc.) First Middle Last (Maiden)

BIRTH DATE: _____ PLACE IN FAMILY: _____ GENDER: _____ RELIGION: _____
Month / Day / Year Father, Mother, etc. M / F Catholic, Convert, Protestant, etc.

ETHNIC BACKGROUND _____ EMPLOYMENT & OCCUPATION: _____
Asian, Black, Hispanic, White, etc.

SACRAMENTS:

Please list: Month / Day / Year and Place

BAPTISM: _____

FIRST COMM: _____

CONFIRMATION: _____

MARRIAGE STATUS: _____
Single, Cath. Marriage, Other Marriage, Widowed, Annulled, Divorced

DATE AND PLACE OF MARRIAGE: _____

MARRIED BY: _____
Name and Title of Person who performed wedding

.....

SPOUSE:

NAME: _____

Title (Dr. Mr. Mrs. Ms. etc.) First Middle Last (Maiden)

BIRTH DATE: _____ PLACE IN FAMILY: _____ GENDER: _____ RELIGION: _____
Month / Day / Year Father, Mother, etc. M / F Catholic, Convert, Protestant, etc.

ETHNIC BACKGROUND _____ EMPLOYMENT & OCCUPATION: _____
Asian, Black, Hispanic, White, etc.

SACRAMENTS:

Please list: Month / Day / Year and Place

BAPTISM: _____

FIRST COMM: _____

CONFIRMATION: _____

Please indicate below which Mass you regularly attend.

_____ Saturday 5:15 p.m.

_____ Sunday 8:30 a.m.

_____ Sunday 11 a.m.

Our Bulletin also publishes new member names and addresses each month. Please indicate if you approve your name and address to be included.

_____ Yes

_____ No

If you are interested in School information please indicate below.

_____ Yes

_____ No

Thank you for choosing Immaculate Heart of Mary Catholic Church!