

# Immaculate Conception Catholic Church

500 East Seventh Street, Auburn, IN 46706 (260) 925-3930

Reg Date  /  /

## Family Registration

Last Name:  First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address:

City:  Zip:

Area Code:  Home Phone:  Emerg. Phone:

Family Email:  Env#

## Individual Member Information

Parish Status: *(Active, Inactive)*

Role: *(Head of House, Husband, Wife etc.)*

First Name / Nickname:

Gender:

DOB (mm/dd/yyyy):

Email:

Work Phone/Cell Phone:

First Language:

Occupation/Employer:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Male / Female (Maiden)	Male / Female (Maiden)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

\*\*\* PLEASE CHECK APPROPRIATE BOXES BELOW

Sacramental Info:

Dates (mm/dd/yyyy):

*(Single, Married, Separated, Divorced, Annulled)*

Marital Status:

Baptized?  Catholic?  RCIA?

Reconcil?  First Eucharist?  Confirmed?

Valid Catholic Marriage?  Wedding Date:

Baptized?  Catholic?  RCIA?

Reconcil?  First Eucharist?  Confirmed?

Are there any members of your household who would like to be visited by a priest?

## Dependent Children Information

	First	Middle	Last Name	Gender	Date & Birthplace	Grade	Box 1 Related how? Son, Daughter, etc. Box 2 = Nickname / goes by.
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	M / F	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Special Needs (Allergies, Handicaps etc):		<input type="text"/>				
	Check if Sacrament Received.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	Add Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	M / F	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Special Needs (Allergies, Handicaps etc):		<input type="text"/>				
	Check if Sacrament Received.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	Add Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	M / F	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Special Needs (Allergies, Handicaps etc):		<input type="text"/>				
	Check if Sacrament Received.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	Add Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please fill in ALL blank boxes. If need to add additional members please use the back of this form or use a second form.