

# Immaculate Conception Catholic Church Family Registration

Reg Date:

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

**Last Name:**  **First Name(s):**

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

**Address:**  **Add2:**

**City:**  **State:**  **Zip:**  -

**Area Code:**  **Home Phone:**  **Emerg. Phone:**

**Family Email:**  **Env#**

## Individual Member Information

<b>Parish Status:</b> <small>(Active, Inactive)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>First Name / Nickname:</b>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>
<b>Gender:</b>	Male / Female (Maiden) <input style="width: 100px;" type="text"/>	Male / Female (Maiden) <input style="width: 100px;" type="text"/>
<b>DOB (mm/dd/yyyy):</b>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
<b>Email:</b>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
<b>Work Phone/Cell Phone:</b>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>
<b>First Language:</b>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
<b>Occupation/Employer:</b>	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
<b>Sacramental Info:</b>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>
<b>Dates (mm/dd/yyyy):</b>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
<small>(Single, Married, Separated, Divorced, Annulled)</small>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>
<b>Marital Status:</b>	<input style="width: 100px;" type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	<input style="width: 100px;" type="text"/> Valid Catholic Marriage? <input type="checkbox"/>

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

## Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	
2.	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	
3.	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>	
		<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.