

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: _____

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NAME: _____
 First **Middle** **Last** **goes by**

GENDER: _____ BIRTH DATE: _____ RELIGION: _____
 M/F Month / Day / Year Catholic, Convert, Protestant, etc.

SACRAMENTS:
Please list: Month / Day / Year / Place

BAPTISM: _____

FIRST COMM: _____

CONFIRMATION: _____

NAME OF SCHOOL: _____ GRADE: _____

NAME: _____
 First **Middle** **Last** **goes by**

GENDER: _____ BIRTH DATE: _____ RELIGION: _____
 M/F Month / Day / Year Catholic, Convert, Protestant, etc.

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Please list: Month / Day / Year / Place

BAPTISM: _____

FIRST COMM: _____

CONFIRMATION: _____

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 M/F Month / Day / Year Catholic, Convert, Protestant, etc.

SACRAMENTS:
Please list: Month / Day / Year / Place

BAPTISM: _____

FIRST COMM: _____

CONFIRMATION: _____

NAME OF SCHOOL: _____ GRADE: _____

IHM's Welcoming Committee will be delivering a "Welcome Bag" to you and your family. Please indicate below which Mass you most regularly attend. We need a phone number or email address so a member of the Pastoral Council can contact you to schedule a time to meet after Mass.

_____ 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 IHM!

IHM Welcoming Committee