



IMMACULATE HEART OF MARY CATHOLIC CHURCH

REGISTRATION FORM

Welcome to our Parish!

For Office Use Only

ID Number:	Reason:
Inactive Date:	

Date _____

Confidential - For Church Use Only - Please Type or Print Clearly and Completely

Family Last Name _____
 Mr./Mrs. Mr. Mrs. Ms. Miss Other _____
 Single Married Separated Divorced Widowed

Street Mailing Address _____ City _____ NC Zip Code _____

Home Phone Number _____ Unlisted? Main Language Spoken at Home _____

E-mail Address _____

Send me an Electronic Funds Transfer Form

Member Information

(Please list all member information for everyone residing in the household)

	Husband or Single Male	Wife or Single Female	Child	Child	Child	Child	Child	Child	Other
First Name									
Last Name if different									
Religion									
Occupation									
Work Phone #									
Cell Phone #									
Sex	Male	Female	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date	mm / dd / yy	mm / dd / yy	mm / dd / yy	mm / dd / yy	mm / dd / yy	mm / dd / yy	mm / dd / yy	mm / dd / yy	mm / dd / yy

Sacraments Received

(Please provide a Baptismal certificate for any child who has not received the Sacrament of Confirmation)

Baptism	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1st Communion	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Confirmation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Marriage	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N								<input type="checkbox"/> Y <input type="checkbox"/> N

Ministries/Talents Information

Do you have any special ministries or talents you would like to offer to any of our commissions, committees or programs? _____

I would like to volunteer for: _____

Do you have any questions or concerns that need to be addressed by a staff member or a priest? _____