

PARISH REGISTRATION FORM

Check one: IMMACULATE CONCEPTION HOLY FAMILY ST. DENIS

Date: _____ Family Name: _____

Street Address: _____

Email: _____

City: _____

State: _____

Zip: _____

Phone (H): _____

(C): _____

(W): _____

Mass Attendance: Weekly Often Rarely

Need Instruction? Yes No

Head of Household: Married Single Divorced Remarried Other

Date and Place of Marriage: _____ By Whom: _____

| | Name | Religion | Date of Birth | Date and Church of Baptism | Date of Eucharist | Date of Confirmation | Occupation or School/Grade |
|------------------------------|------|----------|---------------|----------------------------|-------------------|----------------------|----------------------------|
| Head of Household | | | | | | | |
| Spouse (include maiden name) | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |
| Child | | | | | | | |

If your child was baptized at a different parish, please provide a copy of their Baptismal certificate.

Opportunities for Service/Programs Offered (Check all that you and your family have an interest in):

At Mass: Lector Usher Server (5th grade and older) Eucharistic Minister (8th grade and older) Musician

Others: Religious Education Baptism Program Bereavement Worship Committee Finance Committee

Pastoral Council Bible Study Prayer Chain Youth Ministry RCIA

Breakfast Club Funeral Meals Community Meals (Wednesdays at Trinity Lutheran Church)

Would you like to receive collection envelopes? Yes No

