

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