

# Immaculate Conception Church

Louisburg, Kansas

## Parish Registration Form

(For office use only) Registration Date:

Env #:

Please complete as much information as possible. When completed, please return this form to the parish office.

<b>Head of Household (HOH)</b> <span style="float: right;"><b>Required</b></span>	<b>Mailing Address</b> <span style="float: right;"><b>Required</b></span>
<b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.  _____ First Name                      MI                      Last Name  <b>Suffix:</b> <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<b>Street Address:</b> _____ _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____
<b>Spouse</b> <span style="float: right;"><b>Required</b></span>	<b>Contact Information</b> <span style="float: right;"><b>Required</b></span>
<b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.  _____ First Name                      MI                      Last Name  <b>Suffix:</b> <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<b>HOH Email:</b> _____ <b>HOH Phone:</b> _____ <b>Spouse Email:</b> _____ <b>Spouse Phone:</b> _____

### Family Information

Please fill in a box for each person living in your household including yourself and your spouse if applicable. (More on back)

Name: _____	Date of Birth: _____	Sacraments Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Maiden Name: _____	Occupation: _____	Baptism Date: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Work Phone: _____	Baptism Parish: _____
Marital Status: _____	Religion: _____	1st Penance Date: _____
Relation: _____	Married in Catholic Church: <input type="checkbox"/> Yes <input type="checkbox"/> No	1st Communion Date: _____
Marriage Date: _____	Previous Parish: _____ (Name & Address)	Confirmation Date: _____
Name: _____	Date of Birth: _____	Sacraments Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Maiden Name: _____	Occupation: _____	Baptism Date: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Work Phone: _____	Baptism Parish: _____
Marital Status: _____	Religion: _____	1st Penance Date: _____
Relation: _____	Married in Catholic Church: <input type="checkbox"/> Yes <input type="checkbox"/> No	1st Communion Date: _____
Marriage Date: _____	Previous Parish: _____ (Name & Address)	Confirmation Date: _____