

Immaculate Conception Church

Louisburg, Kansas

Parish Registration Form

Family Information

Please fill in a column for each person living in your household including yourself and your spouse if applicable.

Name: _____

Date of Birth: _____

Sacraments Received: Yes No

Sex: Male Female

Religion: _____

Baptism Date: _____

Relation: _____

School Attending: _____

Baptism Parish: _____

Married: Yes No

Grade: _____

1st Penance Date: _____

1st Communion Date: _____

Confirmation Date: _____

Name: _____

Date of Birth: _____

Sacraments Received: Yes No

Sex: Male Female

Religion: _____

Baptism Date: _____

Relation: _____

School Attending: _____

Baptism Parish: _____

Married: Yes No

Grade: _____

1st Penance Date: _____

1st Communion Date: _____

Confirmation Date: _____

Name: _____

Date of Birth: _____

Sacraments Received: Yes No

Sex: Male Female

Religion: _____

Baptism Date: _____

Relation: _____

School Attending: _____

Baptism Parish: _____

Married: Yes No

Grade: _____

1st Penance Date: _____

1st Communion Date: _____

Confirmation Date: _____

Name: _____

Date of Birth: _____

Sacraments Received: Yes No

Sex: Male Female

Religion: _____

Baptism Date: _____

Relation: _____

School Attending: _____

Baptism Parish: _____

Married: Yes No

Grade: _____

1st Penance Date: _____

1st Communion Date: _____

Confirmation Date: _____