

IMMACULATE CONCEPTION CHURCH

520 Oakwood Avenue East Aurora, New York 14052 (716) 652-6400

REGISTRATION FORM

FAMILY LAST NAME: _____

TITLE: M/M, Mr., Mrs., Miss, Ms., Dr.

MAILING ADDRESS: _____

STREET ADDRESS (IF DIFFERENT) _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____

IS YOUR NUMBER UNLISTED? Yes No

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ NUMBER OF CHILDREN LIVING AT HOME: _____

	HUSBAND/SINGLE MALE	WIFE/SINGLE FEMALE
Name (First & Middle)	_____	_____
Last Name if Different	_____	_____
Maiden Name of Spouse		_____
Marital Status	_____	_____
Religion	_____	_____
Birth Date	_____	_____
Occupation	_____	_____
Employment Location	_____	_____
Grade/Education Level	_____	_____
Disability	_____	_____
PLEASE INDICATE THE SACRAMENTS YOU HAVE RECEIVED IN THE <u>CATHOLIC CHURCH ONLY</u>		
Please List The Church where the Sacrament was celebrated		
Baptism	_____	_____
1 st Communion & Penance	_____	_____
Confirmation	_____	_____
Marriage	_____	_____
**IF PRIOR MARRIAGE (S), OR CIVIL MARRIAGE APPLIES, PLEASE STATE HOW EACH CEREMONY WAS PERFORMED.		
(Ex. 1st: Catholic, 2nd: Civil) _____		

PLEASE LIST CHILDREN LIVING AT HOME

CHILD

CHILD

CHILD

CHILD

CHILD

Name _____

(First & Middle)

Last Name

If Different _____

Gender _____

Birth Date _____

School Name _____

Grade Level _____

Disability _____

Please Indicate Sacraments the Child Received in the Catholic Church Only! If possible, list dates and Parish where Sacrament took place.

Baptism _____

1st Penance &

Communion _____

Confirmation _____

OTHER PEOPLE LIVING IN HOUSEHOLD (PLEASE STATE RELATIONSHIP, BIRTH DATE, AND SACRAMENTAL INFORMATION)

PLEASE INDICATE ANY PRIOR MINISTRY OR PARISH INVOLVEMENT, OR ANY INTEREST YOU MAY HAVE IN JOINING OUR MINISTRIES: _____

Please return this form to the Rectory. Thank you.