

MARIA IMMACOLATA CATHOLIC CHURCH FAMILY REGISTRATION FORM

Type Registration (circle one): New Update

FAMILY INFORMATION

Last Name:		First Name(s)	
Mailing Name (i.e. Mr. & Mrs. New Parishioner):			
Family address:			
City:	State:	ZIP Code:	
Primary Phone #:		Emergency Phone #:	
Family E-mail Address:			
Marital Status (circle one): Single Married Separated Divorced Widowed			Marriage Date:
Marriage Type (circle one): N/A Catholic Church Other Church Civil Ceremony Civil Ceremony (Blessed) Other			
Wedding Church and/or City Name (i.e. Maria Immacolata / Houma, LA):			Contribution Envelope # (if known):
I will make contributions using weekly / monthly envelopes, or will do so online. (circle one) Weekly Monthly Online			
I give the Church permission to publish the following information in the parish directory (circle yes or no for each of the following):			
My phone #:	Yes No	My mailing address:	Yes No
		My Email address:	Yes No
I give the Church permission to publish any picture(s) of any of my family, taken during Church functions, in the Church Bulletin or Church Website. Yes No			
Is any member of your household in need of visitation by a priest? Yes No			

MEMBER INFORMATION – Head of household

Head of Household Name (First / Middle / Last):			
Nickname:		Maiden Name (if applicable):	
Active parishioner:	Yes No	Gender:	Male Female
		Date of Birth:	
E-mail Address:		Religion:	
Work Phone:	Cell Phone:	Other Phone:	
Special Needs (allergies, handicaps, etc.):			
First Language:	Ethnicity:	Education Level:	
Occupation / Employer or School:			
Participated in RCIA?	Yes No	Baptized?	Yes No
		Baptism Date:	
Confirmed?	Yes No	Confirmation Date:	
First Reconciliation (Confession)?	Yes No	First Reconciliation Date:	
First Eucharist (Communion)?	Yes No	First Eucharist Date:	

MEMBER INFORMATION – Spouse

Spouse Name (First / Middle / Last):			
Nickname:		Maiden Name (if applicable):	
Active parishioner:	Yes No	Gender:	Male Female
		Date of Birth:	
E-mail Address:		Religion:	
Work Phone:	Cell Phone:	Other Phone:	
Special Needs (allergies, handicaps, etc.):			
First Language:	Ethnicity:	Education Level:	
Occupation / Employer or School:			
Participated in RCIA?	Yes No	Baptized?	Yes No
		Baptism Date:	
Confirmed?	Yes No	Confirmation Date:	
First Reconciliation (Confession)?	Yes No	First Reconciliation Date:	
First Eucharist (Communion)?	Yes No	First Eucharist Date:	

MARIA IMMACOLATA CATHOLIC CHURCH FAMILY REGISTRATION FORM

Total Number of Dependents in your family:

DEPENDENT INFORMATION – Dependent/Child 1

Dependent/Child Name (First / Middle / Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate? Yes No		Graduation Year:		School Name:	
Special Needs (allergies, handicaps, etc.):					
Education Level:		First Language:		Participated in RCIA? Yes No	
Baptized? Yes No		Baptism Date:		Confirmed? Yes No	
Confirmation Date:		First Reconciliation (Confession)? Yes No			
First Reconciliation Date:				First Eucharist (Communion)? Yes No	
First Eucharist Date:					

DEPENDENT INFORMATION – Dependent/Child 2

Dependent/Child Name (First / Middle / Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate? Yes No		Graduation Year:		School Name:	
Special Needs (allergies, handicaps, etc.):					
Education Level:		First Language:		Participated in RCIA? Yes No	
Baptized? Yes No		Baptism Date:		Confirmed? Yes No	
Confirmation Date:		First Reconciliation (Confession)? Yes No			
First Reconciliation Date:				First Eucharist (Communion)? Yes No	
First Eucharist Date:					

DEPENDENT INFORMATION – Dependent/Child 3

Dependent/Child Name (First / Middle / Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate? Yes No		Graduation Year:		School Name:	
Special Needs (allergies, handicaps, etc.):					
Education Level:		First Language:		Participated in RCIA? Yes No	
Baptized? Yes No		Baptism Date:		Confirmed? Yes No	
Confirmation Date:		First Reconciliation (Confession)? Yes No			
First Reconciliation Date:				First Eucharist (Communion)? Yes No	
First Eucharist Date:					

DEPENDENT INFORMATION – Dependent/Child 4

Dependent/Child Name (First / Middle / Last):					
Gender: Male Female		Date of Birth:		Birthplace:	
Relationship to Head of Household:				Religion:	
High School Graduate? Yes No		Graduation Year:		School Name:	
Special Needs (allergies, handicaps, etc.):					
Education Level:		First Language:		Participated in RCIA? Yes No	
Baptized? Yes No		Baptism Date:		Confirmed? Yes No	
Confirmation Date:		First Reconciliation (Confession)? Yes No			
First Reconciliation Date:				First Eucharist (Communion)? Yes No	
First Eucharist Date:					

Please fill in all blanks and provide changes where necessary. Use additional forms if more than four dependents