

**Immaculate Conception Church**  
**1722 Highland Avenue, Eau Claire, WI 54701**

**Completed by Office Staff**  
 Updated: \_\_\_\_\_ Env. # \_\_\_\_\_  
 Env \_\_\_\_\_ EFT \_\_\_\_\_  
 Completion Date: \_\_\_\_\_

**MEMBERSHIP APPLICATION**

**Individual Member Information**

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Mailing Name (i.e., Mr. and Mrs. John Doe): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone: (    ) \_\_\_\_\_ Emergency Phone: (    ) \_\_\_\_\_

Main E-Mail Address: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Envelopes: Request  End  Keep       Electronic Funds Transfer:  Have  Interested

<b>First Name:</b>	 _____	 _____	
	Preferred First Name: _____	Preferred First Name: _____	
<b>Middle Name:</b>			
<b>Gender:</b>	<input type="checkbox"/> M <input type="checkbox"/> F Maiden Name: _____	<input type="checkbox"/> M <input type="checkbox"/> F Maiden Name: _____	
<b>Date of Birth:</b>	(mm/dd/yyyy)	(mm/dd/yyyy)	
<b>E-Mail:</b>			
<b>Work Phone:</b>	(    ) _____	(    ) _____	
<b>Cell Phone:</b>	(    ) _____	(    ) _____	
<b>Occupation:</b>			
<b>Employer:</b>			
<b>Sacramental Information</b>	<input type="checkbox"/> Baptized      Date: _____ Faith: _____ Church: _____	<input type="checkbox"/> Baptized      Date: _____ Faith: _____ Church: _____	
	<input type="checkbox"/> Reconciliation      Date: _____ Church: _____	<input type="checkbox"/> Reconciliation      Date: _____ Church: _____	
	<input type="checkbox"/> First Communion      Date: _____ Church: _____	<input type="checkbox"/> First Communion      Date: _____ Church: _____	
	<input type="checkbox"/> Confirmed      Date: _____ Church: _____	<input type="checkbox"/> Confirmed      Date: _____ Church: _____	
<b>Marriage Information</b>	Marital Status (Married, Single, Divorced, Widowed, etc.): _____ Valid Catholic Marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of Marriage: _____ Place of Marriage: _____ City and State: _____		

**Please Provide Dependent Information on Page 2**

## Dependent Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender:  M  F Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ HS Graduation Year: \_\_\_\_\_

Baptized?  Catholic  Other: \_\_\_\_\_ Date: \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Reconciliation?  Date: \_\_\_\_\_ Church \_\_\_\_\_

First Eucharist?  Date: \_\_\_\_\_ Church \_\_\_\_\_

Confirmed?  Date: \_\_\_\_\_ Church \_\_\_\_\_

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School: \_\_\_\_\_ Grade: \_\_\_\_\_ HS Graduation Year: \_\_\_\_\_

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Reconciliation?  Date: \_\_\_\_\_ Church \_\_\_\_\_

First Eucharist?  Date: \_\_\_\_\_ Church \_\_\_\_\_

Confirmed?  Date: \_\_\_\_\_ Church \_\_\_\_\_

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Relationship: \_\_\_\_\_ Gender:  M  F Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

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Church of Baptism \_\_\_\_\_

Reconciliation?  Date: \_\_\_\_\_ Church \_\_\_\_\_

First Eucharist?  Date: \_\_\_\_\_ Church \_\_\_\_\_

Confirmed?  Date: \_\_\_\_\_ Church \_\_\_\_\_

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Confirmed?  Date: \_\_\_\_\_ Church \_\_\_\_\_

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