

Immaculate Conception Parish
1722 Highland Avenue, Eau Claire, WI 54701

Completed by Office Staff	
Reg. Date: _____	Env. # _____
ACH ___ Env ___ PS ___	Paper ___
Completion Date: _____	

MEMBERSHIP APPLICATION

Individual Member Information

Last Name: _____ First Name(s): _____

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

Address: _____ Address 2: _____

City/State/Zip: _____ City/State/Zip: _____

Primary Phone: () _____ Emergency Phone: () _____

Main E-Mail Address: _____

Request Envelopes: _____ ACH (Direct Deposit): _____

First Name:	 _____	 _____
	Preferred First Name: _____	Preferred First Name: _____
Middle Name:		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F Maiden Name: _____	<input type="checkbox"/> M <input type="checkbox"/> F Maiden Name: _____
Date of Birth:	(mm/dd/yyyy)	(mm/dd/yyyy)
E-Mail:		
Work Phone:	() _____	() _____
Cell Phone:	() _____	() _____
First Language:		
Occupation:		
Employer:		
Sacramental Information	<input type="checkbox"/> Baptized Date: _____	<input type="checkbox"/> Baptized Date: _____
	Faith: _____	Faith: _____
	Church: _____	Church: _____
	<input type="checkbox"/> Reconciliation Date: _____	<input type="checkbox"/> Reconciliation Date: _____
	<input type="checkbox"/> First Communion Date: _____	<input type="checkbox"/> First Communion Date: _____
	<input type="checkbox"/> Confirmed Date: _____	<input type="checkbox"/> Confirmed Date: _____
Marriage Information	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: _____
Reconciliation? Date: _____ First Eucharist? Date: _____ Confirmed? Date: _____

First Name: _____ Middle Name: _____ Last Name: _____
Relationship: _____ Gender: M F Birth Date: _____ Birth Place: _____
School: _____ Grade: _____ HS Graduation Year: _____
Baptized? Catholic Other: _____ Date: _____
Reconciliation? Date: _____ First Eucharist? Date: _____ Confirmed? Date: _____

First Name: _____ Middle Name: _____ Last Name: _____
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