



Basilica of the Immaculate Conception

*“A glorious refuge where faith, hope and charity
are awakened, replenished & shared.”*

Office Use
Only

Date: / /

ID/Env :

The information you provide will not be shared, and will only be used by the parish clergy and specific staff.
Welcome to our parish! We thank you for your continued membership and support!

Date: _____		Parishioner Registration Form		<input type="checkbox"/> New or <input type="checkbox"/> Update	
<input type="checkbox"/> First time joining a parish <input type="checkbox"/> Transferring from _____					
Full Name (Last/First/Middle): _____				<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	
Street Address: _____				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City, ST: _____		ZIP: _____		E-mail: _____	
Mass time you regularly attend: <input type="checkbox"/> Sat Vigil <input type="checkbox"/> Sun at _____ <input type="checkbox"/> Flexible					
Home phone: _____		Cell: _____		Date of birth (mm/dd/yyyy): _____	
Social Media (Check all those that apply): <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Other _____ <input type="checkbox"/> None					
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No <input type="checkbox"/> No, but interested about RCIA			Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No <input type="checkbox"/> No, but interested about RCIA		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Married: Date _____ <input type="checkbox"/> Church & City _____ or <input type="checkbox"/> Civil					
Do you have children aged 3-17? <input type="checkbox"/> No <input type="checkbox"/> Yes and number of children: _____					
If yes, are they registered for Religious Ed (CCD)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please send me information about <input type="checkbox"/> Religious Ed (CCD) and <input type="checkbox"/> Catholic Academy of Waterbury					
May we welcome you in the parish bulletin, website and forms of social media? <input type="checkbox"/> Yes <input type="checkbox"/> Prefer Not					
Please indicate the ministries or committees you would consider participating:					
Liturgical Ministries			Committees & Outreach		
<input type="checkbox"/> Altar Guild <input type="checkbox"/> Altar Servers <input type="checkbox"/> Eucharistic Ministry (includes homebound, etc.) <input type="checkbox"/> Greeter and Ushers <input type="checkbox"/> Lector <input type="checkbox"/> Liturgical Arts and Environment <input type="checkbox"/> Music Ministry (Choir/Cantor) <input type="checkbox"/> I need guidance on how I can volunteer			<input type="checkbox"/> Bereavement <input type="checkbox"/> Creative (baking, crafts, cooking, photography, sewing etc.) <input type="checkbox"/> Knights of Columbus <input type="checkbox"/> Ladies Guild <input type="checkbox"/> Religious Education (CCD) <input type="checkbox"/> Social Justice <input type="checkbox"/> Hospitality/Welcoming <input type="checkbox"/> Other _____		

Please continue on the other side

INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (1)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (2)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (3)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (4)	
Full Name (Last/First/Middle):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____
Date of birth (mm/dd/yyyy):	Relationship:
Baptized: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
OTHER INFORMATION	
Is there anyone homebound, unable to attend Church, or in special need of the sacraments brought to your home? <input type="checkbox"/> Yes, please indicate need _____ <input type="checkbox"/> No	

Please mail this form to the Parish Office, **Attn: Parish Secretary**
 Basilica of the Immaculate Conception Parish Office, 74 W. Main St, Waterbury CT 06702
 OR drop in the offertory basket.

Questions? Call 203.574.0017 or email: info@waterburybasilica.org

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