

PARISH REGISTRATION

Please complete this registration if you consider Immaculate Conception, Port Clinton, your home parish during all or part of the year.

PLEASE PRINT – LEGIBLY – PLEASE PRINT

Name (HUSBAND)			
	(First)	(Middle)	(Last)

Date of Birth		Place of Birth	
	(mm/dd/yy)		(City/State)

Sacramental Information (Circle all that apply)	Baptized	Catholic	RCIA
	Reconciliation	First Eucharist	Confirmation

Name (WIFE)				
	(First)	(Middle)	(Last)	(Maiden)

Date of Birth		Place of Birth	
	(mm/dd/yy)		(City/State)

Sacramental Information (Circle all that apply)	Baptized	Catholic	RCIA
	Reconciliation	First Eucharist	Confirmation

Address				
	(Street)	(City)	(State)	(Zip Code)
Mailing Name (e.g., Mr. & Mrs. John Doe)				

Marital Status (circle those that apply)	Single	Married	Married by priest/deacon	Widowed	Other
	If not married by priest/deacon, do you want it validated in church (circle one)			Yes	No

Seasonal/"Snowbird" Address (From Date/To date)		
	From Date:	To Date:

Telephone No.	
Emergency Telephone No.	
Work Telephone No.	
Primary E-Mail Address	

Do you want to receive parish envelopes (circle one)	Yes	No
Do you want to receive parish mailings (circle one)	Yes	No

PLEASE FILL OUT INFORMATION ON OTHER SIDE FOR CHILDREN OR DEPENDENTS LIVING AT HOME.

Children or Dependents Living at Home

	<u>First Child/Dependent</u>			<u>Second Child/Dependent</u>			<u>Third Child/Dependent</u>		
Last Name									
First Name									
Relationship to head of household (son, daughter, etc.)									
Gender (Circle)	Male	Female		Male	Female		Male	Female	
Date of Birth (mm/dd/yy)									
Place of Birth (City/State)									
Sacramental Information (Circle those that apply)	Baptism	Catholic	Eucharist	Baptism	Catholic	Eucharist	Baptism	Catholic	Eucharist
	Reconciliation		Confirmation	Reconciliation		Confirmation	Reconciliation		Confirmation

(Children or Dependents continued)

	<u>Fourth Child/Dependent</u>			<u>Fifth Child/Dependent</u>			<u>Sixth Child/Dependent</u>		
Last Name									
First Name									
Relationship to Head of Household (son, daughter, etc.)									
Gender (Circle)	Male	Female		Male	Female		Male	Female	
Date of Birth (mm/dd/yy)									
Place of Birth (City/State)									
Sacramental Information (Circle those that apply)	Baptism	Catholic	Eucharist	Baptism	Catholic	Eucharist	Baptism	Catholic	Eucharist
	Reconciliation		Confirmation	Reconciliation		Confirmation	Reconciliation		Confirmation

If you need to add additional information, use a second form.

Please call the parish office (419-734-4004) whenever the above information needs to be updated.