

**Immaculate Conception Parish**

P.O. Box 299, Hr. Grace, NL., Canada, A0A2M0

t 709-59-66182 f 709-596-6185

www.immaculate-conception-parish.com email: info@immaculate-conception-parish.com

Registration Form

*Please drop your completed form at St. Joseph's Church or at the Parish Office.  
You may email your completed form to info@immaculate-conception-parish.com*

Family Name \_\_\_\_\_

Envelope No. \_\_\_\_\_

Street Address, City, Postal Code \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Marital and Family Status

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

If married, Church or place of marriage? \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Religion \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Religion \_\_\_\_\_

Number of Children \_\_\_\_\_

Please list the Children Living at Home below:

| Name  | Date of Birth | School | Grade | Religion | Baptized | Confirmed |
|-------|---------------|--------|-------|----------|----------|-----------|
| _____ | _____         | _____  | _____ | _____    | _____    | _____     |
| _____ | _____         | _____  | _____ | _____    | _____    | _____     |
| _____ | _____         | _____  | _____ | _____    | _____    | _____     |
| _____ | _____         | _____  | _____ | _____    | _____    | _____     |

Other People in your family: \_\_\_\_\_

*Is there a person in your household who is housebound and who would like to be visited for the Sacraments?*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Completed By \_\_\_\_\_

Date \_\_\_\_\_