

Welcome to Immaculate Conception - St. Joseph Catholic Parish

Parish Registration Form

Parish Office - 747 Osage Street, Leavenworth, KS 66048

(913) 682-3953

OFFICE USE ONLY

ENVELOPE # : _____

IN DATABASE: _____

DATE: _____

INITIALS: _____

PLEASE PRINT

TODAY'S DATE ____/____/____

JOINED PARISH ____/____/____

LAST NAME: _____

WIFE'S MAIDEN NAME: _____

FIRST: _____ MI _____

SPOUSE: _____ MI _____

MAILING ADDRESS: (CIRCLE ONE) MR. / MRS. MR. MRS. MS. MISS DR./MRS. RANK _____ OTHER _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

PRIMARY HOME PHONE #: _____ UNLISTED _____ (Y) _____ (N)

HIS CELL PHONE #: _____ HER CELL PHONE: _____

HIS WORK PHONE #: _____ HER WORK PHONE: _____

HIS E-MAIL: _____ HER E-MAIL: _____

FAMILY E-MAIL ADDRESS : _____

1) Do you wish to receive Offertory Envelopes? (Y/N) _____

2) Are you a temporary military resident? (Y/N) _____ Date of Departure: _____

COMMENTS: _____

Please complete information on back of form.