

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.

Immaculate Conception - St. Joseph Parish Registration Form Continued

PLEASE COMPLETE INFORMATION BELOW FOR EACH MEMBER OF HOUSEHOLD, OLDEST TO YOUNGEST.

PLEASE PRINT

Full Name for each person Current (i.e. John L. Smith)	Relationship (i.e. wife/son)	Sex M/F	DOB (mm/dd/yyyy)	Catholic Y/N	*Marital Status	Married by a Priest Y/N	Baptism Y/N	1st Communion Y/N	Confirmation Y/N	Student (K-12)		
										Catholic School Y/N	CCD Y/N	Grade

****MARITAL STATUS: M - MARRIED, S - SINGLE, D - DIVORCED, SEP - SEPARATED, W - WIDOW/WIDOWER**

SIGNATURE _____ DATE _____