

Immaculate Conception Parish
P.O. Box 345
Elkton, MD 21922
410-398-1100 (phone)
410-398-1175 (fax)

Parish Registration

ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL.

If you need any assistance in completing this form please call:
Rectory Office at 410-398-1100, Monday - Friday 9 AM - 3 PM

You need not answer any questions you feel are too personal.
PLEASE PRINT ALL INFORMATION

REGISTRATION DATE

Family Name: _____ Wife's Maiden Name: _____

Street Address: _____ Phone No: _____

City: _____ State: _____ Zip: _____ Check if unlisted: _____

Mailing Address: _____
(If different from above)

City: _____ State: _____ Zip: _____

How many years have you lived at this address? _____

How many years have you been a member of this parish? _____

What parish were you previously registered in? (Parish and Town) _____

Do you wish to use offertory envelopes? Yes _____ No _____

For office use only:

Parishioner # | | | | | | | | | | | | | | | |

Date Rec'd _____ Computer _____ Dialog _____ Appeal _____

Bulletin _____ Volunteer _____ Welcome _____ K of C _____

FAMILY NAME

Head of Household

Person 2

Person 3

Please Print

Please include all members of family, whether or not they are Catholic.

First Name		M/I
Last Name		
Month	Day	Year

First Name		M/I
Last Name		
Month	Day	Year

First Name		M/I
Last Name		
Month	Day	Year

Birth Date

Please Indicate Number for each response

Relationship (within household)

- (1) Husband (2) Wife (3) Child (under 21)
(4) Single Adult (5) Other

Sex

- (1) Male (2) Female

Race

- (1) Asian (2) Black (3) Hispanic
(4) White (5) Other

Current Marital Status

- (1) Married (2) Divorced (3) Separated
(4) Widowed (5) Divorced Remarried
(6) Widowed Remarried (7) Single

Marriage (choose only one)

- (1) Marriage recognized by the Catholic Church
(2) Marriage outside the Catholic Church
(3) Unsure

Religion

- (1) Catholic (2) Catholic Eastern Rite
(3) Orthodox (4) Protestant (5) Jewish
(6) Other (7) None

Baptism (indicate only one)

- (1) Baptized (2) Not Baptized
(3) Unsure

First Communion

- (1) Yes (2) No (3) Unsure

Confirmed

- (1) Yes (2) No (3) Unsure

Mass Attendance

- (1) Weekly (2) More than weekly
(3) Monthly (4) Several times a year
(5) At least once a year (6) Never/rarely

Disabilities

- (1) Sight (2) Hearing (3) Physical
(4) Mental (5) Emotional (6) Other
(7) Does not apply (8) Multiple disabilities

Number of years in Catholic school (K thru 16)

Number of years of religious education (CCD) if attend(ed) public school (1 thru 12)

Family member interested in information on a vocation to the priesthood or religious life? X appropriate box

Primary language spoken

Person 4

First Name M/I

Last Name

Month Day Year

Vertical column of 13 empty boxes for Person 4's data entry.

Person 5

First Name M/I

Last Name

Month Day Year

Vertical column of 13 empty boxes for Person 5's data entry.

Person 6

First Name M/I

Last Name

Month Day Year

Vertical column of 13 empty boxes for Person 6's data entry.

Person 7

First Name M/I

Last Name

Month Day Year

Vertical column of 13 empty boxes for Person 7's data entry.

