



Church of the Immaculate Conception
 2540 San Diego Avenue, Old Town San Diego, CA 92110

For Office Use Only: Family ID# _____ Registration Date _____ Parish Area Zone _____
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PARISH REGISTRATION FORM

Family Name _____ Phone _____
 Street Address _____ City _____ ST _____ Zip _____
 Husband Work Phone _____ Wife Work Phone _____

Marital Status: Please check one:
 ___Married ___Single ___Divorced ___Separated ___Widowed

If married, did this marriage take place in the Catholic Church? _____(Y/N) Year _____
 Church Name & Place _____ Wife's Maiden Name was _____

Email: _____ I/We need envelopes (circle one): YES NO

	Head of Household	Spouse	Child	Child	Child	Child	Other Adults
First Name							
Date of Birth							
Sex							
Ethnic Origin							
Religion							
Occupation							

Sacraments Received: Please indicate Yes/No and dates if known

	Head of Household	Spouse	Child	Child	Child	Child	Other Adults
Baptism							
Penance							
Eucharist							
Confirmation							
Matrimony							

Our Parish depends on the support of its members sharing their God-given time, talents, and treasure. Please check below how you wish to be involved in Parish life:

Lector at Mass _____ Eucharistic Minister at Mass _____

Eucharistic Minister to the Sick _____ Usher at Mass _____

Server at Mass _____ Religious Education _____

Office Volunteer _____

Are there any programs you would like to see presented at the Immaculate Conception Parish? Please describe:

Have you any suggestions for Our Parish? _____

CONFIDENTIAL REGISTRATION FORM: This information will be held in the Strictest Confidence for PASTORAL USE ONLY. If you have any questions regarding this form or any special concerns, please call the Parish office at 619 295-4148. Please complete this form, enclose it in an envelope and drop it in the collection basket at Mass, or mail the completed form to: Immaculate Conception Church, 2540 San Diego Avenue, San Diego, CA 92110-2840