

IMMACULATE CONCEPTION CHURCH REGISTRATION FORM

To register with IMMACULATE CONCEPTION Church, Summerhill, PA, please complete this form (**printing neatly**)

& return the completed form to the Parish Office via: collection basket, in person, mail, fax, or email.

(See reverse side). Thank you!

FAMILY NAME _____ ADDRESS _____

CITY _____ ZIP CODE _____ E-MAIL _____

HOME PHONE # _____ UNLISTED Y ___ N ___ CELL PHONE # _____

	First Name, Middle I. (Maiden Name)	Birthdate (mm/dd/yyyy)	Religion	Baptized	Communion	Occupation	Place of Employment
Head of House							
Spouse							

MARITAL STATUS:

Single ___ Married ___ Separated ___ Divorced ___ Annulled ___ Widowed ___ Single Parent ___

Married by a Priest? Yes ___ No ___ Date of Marriage _____ Church & Where _____

Married by a Minister in the presence of a Priest with Church Dispensation Y ___ N ___ or Married civilly by a magistrate Y ___ N ___

First Name Middle I.	Birthdate (mm/dd/yyyy)	Religion	Baptized	Communion	Confirmation	Grade	School or Employer	College or Occupation

If more space is needed, please use reverse side.

Under Religion, please write RC for Roman Catholic or indicate other religion, if applicable.

Under Baptized, Communion & Confirmation, please X if Sacrament was received.

****PLEASE NOTIFY US IF YOU HAVE CHANGED YOUR ADDRESS, YOUR CHILD GOES OFF TO COLLEGE OR THEY HAVE MOVED AWAY.****

Parish Office Mailing Address: 538 Main Street, Summerhill, PA 15958

Parish Fax Number: 814-495-9122

Parish Office Email Address: stjic@comcast.net