



Immaculate Conception B.V.M. Church, York, PA, Parish Registration

Name(s) for Correspondence			Date: _____
Mailing address	Street _____	Apt. # (if any) _____	
	City _____	State PA	Zip Code _____

Other Contact Info.	Primary Phone Number(s) _____
	Email Address(es) _____
	Primary Language for Correspondence: English Spanish
	Do you wish to use weekly Contribution Envelopes? Yes No

PERSONAL & SACRAMENTAL INFORMATION

1. Head of Household

Male
 Female

Full Name: Dr. Mr. Mrs. Ms. Miss
➤ _____

Date of Birth: _____
MM/DD/YYYY

Place of Birth: _____
City/State/Country

Religion: _____

SACRAMENTS

- **Baptism:** Yes ___ No ___
Name of Church: _____
City/State/Country of Church: _____
- **First Communion:** Yes ___ No ___
Name of Church: _____
City/State/Country of Church: _____
- **Confirmation:** Yes ___ No ___
Name of Church: _____
City/State/Country of Church: _____

2. Spouse/Domestic Partner
If single, leave blank.

Male
 Female

Full Name: Dr. Mr. Mrs. Ms. Miss
➤ _____

Date of Birth: _____
MM/DD/YYYY

Place of Birth: _____
City/State/Country

Religion: _____

SACRAMENTS

- **Baptism:** Yes ___ No ___
Name of Church: _____
City/State/Country of Church: _____
- **First Communion:** Yes ___ No ___
Name of Church: _____
City/State/Country of Church: _____
- **Confirmation:** Yes ___ No ___
Name of Church: _____
City/State/Country of Church: _____

MARITAL STATUS OF PERSON(S) NAMED ABOVE

Married: If currently or previously married, * were you married in the Catholic Church? YES NO
If no, was marriage performed by _____ a minister from another denomination? _____ a judge?

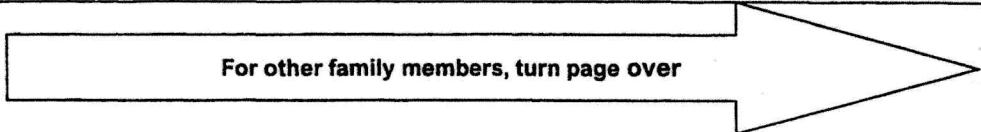
➤ Date of Marriage: _____ Are you still married? YES NO

➤ Church of Marriage: Name _____ Place _____
City/State/Country

* If divorced, was marriage annulled by the Church? YES NO

* If divorced, separated or widowed, have you entered into another marriage, civil union, co-habitation? YES NO

Single: (Please indicate current status) Never Married Co-habiting Widow/Widower



Children or Other Family Members Living in this Household: *

FULL NAME _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____ Place of Birth _____	
MM/DD/YYYY	City/State/Country
Relationship: _____	
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Church: _____	Church: _____
City/State/Country _____	City/State/Country _____
Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church: _____	
City/State/Country _____	
Name of School: _____ Grade Level: _____	

FULL NAME _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____ Place of Birth _____	
MM/DD/YYYY	City/State/Country
Relationship: _____	
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Church: _____	Church: _____
City/State/Country _____	City/State/Country _____
Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church: _____	
City/State/Country _____	
Name of School: _____ Grade Level: _____	

FULL NAME _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____ Place of Birth _____	
MM/DD/YYYY	City/State/Country
Relationship: _____	
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Church: _____	Church: _____
City/State/Country _____	City/State/Country _____
Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church: _____	
City/State/Country _____	
Name of School: _____ Grade Level: _____	

FULL NAME _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____ Place of Birth _____	
MM/DD/YYYY	City/State/Country
Relationship: _____	
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Church: _____	Church: _____
City/State/Country _____	City/State/Country _____
Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church: _____	
City/State/Country _____	
Name of School: _____ Grade Level: _____	

★ If more than 4 children and adults live with you, please attach a separate page.

+ _____ Office Use Only: _____

Parish Registration # _____

Reason for Registration (check all that apply): Church Membership Infant Baptism Religious Ed. RCIA/Marriage

Entry: OSV DIO Completed by Staff Member? Initials _____

NOTATIONS _____