

Immaculate Conception Church
1722 Highland Avenue,
Eau Claire, WI 54701

Completed by Office Staff

Received: _____ Met w/Fr: _____
 Env #: _____ /or EFT: Y / N Welcome Card: _____
 Entered into P Soft: _____ Completed By: _____

MEMBERSHIP APPLICATION

Last Name: _____ **First Name(s):** _____

Mailing Address: _____

City/State/Zip: _____

PRIMARY PHONE: _____ **PRIMARY EMAIL:** _____

All our ministries are supported by families of the Parish.

Please check how you will help: Env ☐ ACH ☐ Online ☐

	<u>HEAD OF HOUSEHOLD:</u>	<u>SPOUSE:</u>
First Name:		
Middle Name:		
Gender:	☐ M ☐ F Maiden Name: _____	☐ M ☐ F Maiden Name: _____
Date and Place of Birth:	Date: _____ Place: _____	Date: _____ Place: _____
E-Mail:		
Phone:	()	()
Occupation:		
Sacramental Information:	☐ Baptized Date: _____ Faith: _____ Church: _____ City/State: _____ ☐ Reconciliation Date: _____ Church: _____ City/State: _____ ☐ First Communion Date: _____ Church: _____ City/State: _____ ☐ Confirmed Date: _____ Church: _____ City/State: _____	☐ Baptized Date: _____ Faith: _____ Church: _____ City/State: _____ ☐ Reconciliation Date: _____ Church: _____ City/State: _____ ☐ First Communion Date: _____ Church: _____ City/State: _____ ☐ Confirmed Date: _____ Church: _____ City/State: _____
Marriage Information:	Marital Status (Married, Single, Divorced, Widowed, etc.): _____ Valid Catholic Marriage: ☐ Yes ☐ No Date of Marriage: _____ Church of Marriage: _____ City/State: _____	

See Page 2; Please Provide A Family Photo & Short Bio To The Parish Office With Your Application

DEPENDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Relationship: _____ Gender: ☐ M ☐ F Birth Date: _____ Birth Place: _____
School: _____ Grade: _____ HS Graduation Year: _____
Baptized? ☐ Catholic ☐ Other: _____ Date: _____
Church of Baptism: _____ City/State: _____
Reconciliation? ☐ Date: _____ Church: _____ City/State: _____
First Eucharist? ☐ Date: _____ Church: _____ City/State: _____
Confirmed? ☐ Date: _____ Church: _____ City/State: _____

First Name: _____ Middle Name: _____ Last Name: _____
Relationship: _____ Gender: ☐ M ☐ F Birth Date: _____ Birth Place: _____
School: _____ Grade: _____ HS Graduation Year: _____
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Church of Baptism: _____ City/State: _____
Reconciliation? ☐ Date: _____ Church: _____ City/State: _____
First Eucharist? ☐ Date: _____ Church: _____ City/State: _____
Confirmed? ☐ Date: _____ Church: _____ City/State: _____

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First Eucharist? ☐ Date: _____ Church: _____ City/State: _____
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Church of Baptism: _____ City/State: _____
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Confirmed? ☐ Date: _____ Church: _____ City/State: _____