



# Immaculate Conception Parishioner Registration

Name \_\_\_\_\_  
Last First M.I. Maiden (if applicable)

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Can we text you? ☐ yes ☐ no

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_  
(if different from mailing address)

Occupation \_\_\_\_\_  
please mark all sacraments already received:  
☐ Baptism ☐ First Communion  
☐ First Reconciliation ☐ Confirmation

## Spouse Information (if applicable)

Name \_\_\_\_\_  
Last First M.I. Maiden (if applicable)

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Can we text them? ☐ yes ☐ no

Occupation \_\_\_\_\_  
please mark all sacraments already received:  
☐ Baptism ☐ First Communion  
☐ First Reconciliation ☐ Confirmation

## Child Information (if applicable, only those under 18)

Name	Date of Birth	Gender	please mark all sacraments already received:	
		M F	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation
		M F	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation
		M F	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation
		M F	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation
		M F	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation
		M F	<input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation

The Archdiocese of Portland defines a parishioner as an individual or family that gives regular, identifiable financial support to the Parish. Please select one:

I would like to learn about donating online through WeShare ☐

or

I would like Church Contribution Envelopes mailed to me instead ☐

**Please turn to back of form to complete registration.**

For Parish Office Use only: Registration Date \_\_\_\_\_ Envelope # \_\_\_\_\_

☐ Greeter                      ☐ Usher                      ☐ Altar Server                      ☐ Music Ministry  
☐ IT/Tech Assistance                      ☐ Church Cleaning                      ☐ Clean and return Altar Linens  
  
☐ Youth Ministry                      ☐ Catechesis for 1st Reconciliation/Eucharist program  
☐ O.C.I.A.  
☐ Children's Liturgy of the Word

☐ Ministers to the Sick and Elderly

☐ Bereavement Ministry (*liturgical assistance and follow-up support*)

☐ St. Martha Ministry (*assisting with funeral reception set up and take down*)

☐ Nocturnal Adoration Society (*first full weekend of every month, 1 hour slots, times are rotated through*)

☐ once a day                  ☐ once a week                  ☐ once a month

☐ other: \_\_\_\_\_ a \_\_\_\_\_ example: twice a month

*number of times      time period*

--

On behalf of the Immaculate Conception community - welcome!

If you have any questions, please contact the parish office at (503) 769-2656.