Immaculate Conception Parish
Registration Form

3555 South Fremont Avenue Springfield, MO 65804

Member #: Office use only

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

Address _____ Street Address Apt # City/State Zip

Home Phone _____ **His Cell Phone** _____ **Her Cell Phone** _____

His E-mail _____ **Her E-mail** _____

Mass Attendance ☐ **Regular** ☐ **Occasional** ☐ **Seldom** ☐ **Never**

Former parish _____ Name of Parish City/State

Marital Status ☐ **Single** ☐ **Separated** ☐ **Divorced** ☐ **Married** ☐ **Widowed** **Valid Catholic Marriage** ☐ **Y** ☐ **N**

☐ **Catholic Church Married** Date Name of Church City/ State Zip

☐ **Civil Marriage** Date ☐ **We would like to get our marriage Validated** ☐ **I need to speak to someone about an Annulment**

Family members living at home Include maiden name and different last names. If college, register separately.	**Birthdate**	**Catholic or Rel. Pref.**	**Baptism Month/Year**	**First Communion Month/Year**	**Confirmation Month/Year**	**Occupation/ Homebound/ School**	**Attending PSR? Y/N**	**Grade**
Man								
Woman **maiden name**								
Children (please use given name) Choose one								
Choose one								
Choose one								
Choose one								