

# 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 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