

CHURCH OF THE IMMACULATE CONCEPTION

Please mail to: PO Box 765, Winner, SD 57580

Parish Office: 842-3520

Please Print

Marital Status: Married Divorced Separated Annulled Single Widowed

HEAD OF HOUSEHOLD:

SPOUSE:

Mr. Mrs. Ms. Dr.

Mr. Mrs. Ms. Dr.

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Middle Initial: _____

Middle Initial: _____

Maiden Name: _____

Maiden Name: _____

Religion: _____

Religion: _____

Baptized: No Yes

Baptized: No Yes

Date if known: _____

Date if known: _____

Confirmed: No Yes

Confirmed: No Yes

Date if known: _____

Date if known: _____

Birthdate (day, month, year): _____

Birthdate (day, month, year): _____

Place of Employment: _____

Place of Employment: _____

Position: _____

Position: _____

Work Telephone #: _____

Work Telephone #: _____

Email address: _____

Email address: _____

Home Address: _____

Mailing Address if different from above: _____

Telephone Number: _____ Unlisted: Yes No

Church Marriage: Church Name _____ Date of Marriage: _____

City and State: _____

Civil Marriage: City, State _____ Date of Marriage: _____

Validation: Church Name _____ Date: _____

City and State: _____

CHILDREN:

Name: First, Middle, Last	M/F	Religion	Birthdate (M/D/Y)	Baptism	First Communion	Confirmation	Name of School	Grade

If your child has had the sacrament of Baptism, 1st Communion, or Confirmation, and you know the date, please list it. If they have had the sacrament and you do not know the date, just check the box.
Thanks!

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

PARENTS:

	Name	Living or Deceased	Date of Death	City and State if Living
Father:				
Mother:				

ADULT PARTICIPATION IN A MINISTRY

I would like to be involved in the following ministries and/or organizations (if not already):

- Lector (Reader)**
- Usher**
- Extraordinary Minister of the Eucharist (EME)**
- Sacristan**
- Music (Musician, Choir, Cantor)**
- Faith Formation Teacher**
- Liturgy and/or Environment Committees**
- RCIA classes to join Catholic Church**
- Catholic Daughters**
- Knights of Columbus**
- Serve on the Parish Council or Council Standing Committee**

STUDENT PARTICIPATION IN A MINISTRY

Name of Student _____
Parent Signature _____

I would like my child involved in the following ministries and/or organizations:

- Altar Server** - Grades 4 and up
- Lector (Reader)** - Grades 5 and up
- Usher**
- Music** - Children's Choir, Cantor, Musician
- Juniorettes** - Girls / Grades 1-6

INDIVIDUAL OR FAMILY SPECIAL NEEDS, DISABILITIES, AND COMMENTS:

