

Date of Registration: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address if Different: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

- I would like **email** to be our primary mode of communication. Email allows us to save money on envelopes and stamps.
- I would like **US mail** to be our primary mode of communication.
- I would like to be a full-time member of Mary Immaculate Church.
- I would like to be a summer member of Mary Immaculate Church.

**ADULT INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_  
 Single     Married     Divorced     Widowed

Birth Date	Male/Female	Religion	Sacraments Received				Occupation
			Baptism	Communion	Confirmation	Marriage	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	

Spouse's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Birth Date	Male/Female	Religion	Sacraments Received				Occupation
			Baptism	Communion	Confirmation	Marriage	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	

**\*\*Other adults living in your household should register separately.\*\***

**DEPENDENT (LIVING AT HOME) INFORMATION**

Name	Birth Date	M/F	Grade	Baptized? Date	Communion? Date	Confirmation? Date

Would you like to receive contribution envelopes?     Yes     No    For Office Use--Envelope #: \_\_\_\_\_