

## IMMACULATE CONCEPTION PARISH

406 Jefferson Street, West Bend, WI 53090 ~ 262-338-5600 ~ rprim@wbparishes.org

*Welcome!*

### FAMILY INFORMATION (please print)

Family (Last) Name: _____	Phone: _____
Address/City/Zip: _____	
Email: _____	Previous Parish: _____

<b>OFFICE USE ONLY:</b>
Date Registered: _____
Envelope No. _____
<small>Revised: 4/20/17    By: R.Prim</small>

First Name & Middle Initial	Birth Date	Gender M/F	Marital Status*	Occupation	Religion	Baptism Date/Location	1 <sup>st</sup> Eucharist Y / N	Confirmation Y / N
Head								
Spouse								

\*Marital Status: M-Married S-Single W-Widowed D-Divorced SP-Single Parent

### DEPENDENT CHILDREN

First Name & Middle Initial	Birth Date	Gender M/F	Grade	School	Religion	Baptism Date/Location	1 <sup>st</sup> Eucharist Y / N	Confirmation Y / N

SPECIAL NEEDS / TALENTS / NOTES: \_\_\_\_\_

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