

# Immaculate Conception Catholic Church

## Parish Registration Form

7000 John F Kennedy Blvd  
North Little Rock, AR 72116  
501-835-4323  
FAX 501-834-5598

For Office use Only

ID # \_\_\_\_\_

Date \_\_\_\_\_

Welcome to the Immaculate Conception Parish Family. The information you provide will be added to our parish membership records. Please provide all Sacramental information for each family member. This information is vital to any further sacramental preparation, enrollment in a Catholic School, 1<sup>st</sup> Communion, Confirmation, Marriage, etc.

Family Name \_\_\_\_\_  
Last Name

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_ ZIP \_\_\_\_\_  
City State

Family E-Mail Address \_\_\_\_\_

Transferring From \_\_\_\_\_  
Name of Parish City & State

Head of Household \_\_\_\_\_  
Last Name First Name Middle Name Maiden Name Nickname

Birth Date \_\_\_\_\_ Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Catholic, Methodist, Baptist, etc.

Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

Occupation \_\_\_\_\_ Languages \_\_\_\_\_

Baptism \_\_\_\_\_  
Date Name of Parish City & State

First Holy Communion \_\_\_\_\_  
Date Name of Parish City & State

Confirmation \_\_\_\_\_  
Date Name of Parish City & State

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Divorced & Annulled ☐ Separated ☐ Widowed

Church of Marriage \_\_\_\_\_

Address \_\_\_\_\_

Spouse \_\_\_\_\_  
Last Name First M.I. Maiden Name Nickname

Birth Date \_\_\_\_\_ Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Catholic, Methodist, Baptist, etc.

Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

Occupation \_\_\_\_\_ Languages \_\_\_\_\_

Baptism \_\_\_\_\_  
Date Name of Parish City & State

First Holy Communion \_\_\_\_\_  
Date Name of Parish City & State

Confirmation \_\_\_\_\_  
Date Name of Parish City & State

**\*\*If you have children or other family members living at home please complete the reverse side of this form\*\***  
All information is confidential and used for parish purpose only. If you have additional information you would like us to know please attach on a separate sheet of paper. If for "Pastor's information Only" enclose in an envelope and attach.

### Family Members :

Last Name	First	M.I.	Nickname
Birth Date _____		Sex : Male Female	
Religion _____		Ethnicity _____	
Languages _____			

***Sacraments:***

Baptism Date _____	Parish _____
Penance Date _____	Parish _____
Ist Communion Date _____	Parish _____
Confirmation Date _____	Parish _____

Last Name	First	M.I.	Nickname
Birth Date _____		Sex : Male Female	
Religion _____		Ethnicity _____	
Languages _____			

***Sacraments:***

Baptism Date _____	Parish _____
Penance Date _____	Parish _____
Ist Communion Date _____	Parish _____
Confirmation Date _____	Parish _____

Last Name	First	M.I.	Nickname
Religion _____		Ethnicity _____	
Languages _____			

***Sacraments:***

Baptism Date _____	Parish _____
Penance Date _____	Parish _____
Ist Communion Date _____	Parish _____
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