

Immaculate Conception Church
P.O. Box 189
Rice, MN 56367

REGISTRATION INFORMATION

CONFIDENTIAL-for Office Use Only

Envelope Number: _____

Computer Bulletin SC Visitor

Registration Date:		Family Last Name:			Marriage Date:				
Address:	City/State:	Zip	Phone:	Email:					
Adults: First Name Include Maiden and Last Names if different from Family Name	Marital Status	Birth Date	Sex M/F	Religion	Special Needs	Baptism Yes/No	First Eucharist Yes/No	Reconciliation Yes/No	Confirmation Yes/No
1.									
2.									
Children/ Dependents in Residence Include Last Name if different from Family Name		Birth Date	Sex M/F	Religion	Special Needs	Baptism Yes/No	First Eucharist Yes/No	Reconciliation Yes/No	Confirmation Yes/No
1.									
2.									
3.									
4.									
5.									
6.									
Adult:	Occupation	Employer			Business Phone				
1.									
2.									

Please circle the appropriate response:

1. Do you receive the St. Cloud Visitor? (Circle Yes or No)
2. Have you notified your previous parish that you're leaving? (Circle Yes or No) Please do so, Thank you.