



# CATHEDRAL OF THE IMMACULATE CONCEPTION

1102 S Clinton Street  
Fort Wayne, Indiana 46802

Reg Date: \_\_\_\_\_

## New Parishioner Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_  
Role: (head of household, husband, wife, etc) \_\_\_\_\_  
Email: \_\_\_\_\_ Alternate email: \_\_\_\_\_  
Address (including Apt #): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone ( ) \_\_\_\_\_ Alternate/Emergency Phone: ( ) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Catholic: (please circle) Yes / No First Language: \_\_\_\_\_  
Marital Status (Please Circle): Married / Single / Separated / Divorced. Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
If Married: Valid Catholic Marriage: Yes / No If Divorced, has the marriage been annulled: Yes / No  
Sacrament Information: (check box if received & add date if known): Dates (mm/dd/yyyy)  
Baptized ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church, City, State: \_\_\_\_\_ Catholic Baptism: Yes or No  
First Eucharist ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reconciliation ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Please Circle One) Please send me envelopes OR I will donate on line.

### Spouse Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Role: husband or wife Gender: M / F Date of Birth: \_\_\_\_\_  
Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Catholic: (please circle) Yes / No First Language: \_\_\_\_\_  
Baptized ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church, City, State: \_\_\_\_\_ Catholic Baptism: Yes or No.  
First Eucharist ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reconciliation ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Dependent Children Information

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Relationship to Head of Household: (Please circle) Son or Daughter Gender M / F First Language: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Sacrament Information: Baptized ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church, City, State: \_\_\_\_\_  
Catholic Baptism: Yes or No. First Eucharist ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reconciliation ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Relationship to Head of Household: (Please circle) Son or Daughter Gender M / F First Language: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Sacrament Information: Baptized ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church, City, State: \_\_\_\_\_  
Catholic Baptism: Yes or No. First Eucharist ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reconciliation ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Relationship to Head of Household: (Please circle) Son or Daughter Gender M / F First Language: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Sacrament Information: Baptized ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church, City, State: \_\_\_\_\_  
Catholic Baptism: Yes or No. First Eucharist ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reconciliation ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Confirmed ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IF YOU NEED TO ADD ADDITIONAL DEPENDENTS, PLEASE USE A SECOND FORM.