

IMMACULATE CONCEPTION PARISH REACTIVATION OF PARISH REGISTRY



Kindly list all members of your family that are currently living at your address, including their dates of birth. If you have an email address, please provide that as well. Print legibly with black or blue ink.

Family Name: _____

Address: _____

Preferred phone: _____

Phone 2: _____

Email address: _____

Email 2: _____

Family members: (please list only those who reside at the above address)

_____	_____
First and Last Name	Date of Birth
_____	_____
First and Last Name	Date of Birth
_____	_____
First and Last Name	Date of Birth
_____	_____
First and Last Name	Date of Birth
_____	_____
First and Last Name	Date of Birth
_____	_____
First and Last Name	Date of Birth

Please place form in the collection basket during mass or mail to 216 E. Dunstable Rd., Nashua, NH 03062