



St. Mary of the Immaculate Conception

Parish Office

ID #

542 Walnut St. ■ Lawrenceburg, IN 47025 ■ (812) 537-3992

Email: parishoffice@dccatholics.com

Family: Last Name _____ Date _____

Mailing Address _____ City & Zip _____

Street Address (if different) _____ Home Phone _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Would you like to sign up for electronic giving (Y/N) _____ If Yes, would you like to receive envelopes (Y/N) _____

(We use allsaintscatholic.weshareonline.org for on-line giving or bank draft from checking or savings.

On-site assistance available)

Adult Household Member Information

Name: _____
First Middle Last

Name: _____
First Middle Last

Nickname: _____ Maiden Name: _____

Nickname: _____ Maiden Name: _____

Date of Birth: _____

Date of Birth: _____

Religion: _____

Religion: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Driver's License No: (if you wish to be on the festival gaming license)

Driver's License No: (if you wish to be on the festival gaming license)

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Sacraments

Sacraments

Baptized: (Y/N) _____ Date: _____

Baptized: (Y/N) _____ Date: _____

Church: _____ City: _____ State: _____

Church: _____ City: _____ State: _____

1st Communion: (Y/N) _____ Date: _____

1st Communion: (Y/N) _____ Date: _____

Church: _____ City: _____ State: _____

Church: _____ City: _____ State: _____

Confirmed: (Y/N) _____ Date: _____

Confirmed: (Y/N) _____ Date: _____

Church: _____ City: _____ State: _____

Church: _____ City: _____ State: _____

Married: (Y/N) _____ Date: _____

Married: (Y/N) _____ Date: _____

Church: _____ City: _____ State: _____

Church: _____ City: _____ State: _____

Children's Information on reverse.

Name: _____ First Middle Last Gender: _____ Birth Date: _____ Email: _____ Cell Phone: _____ School: _____ Grade: _____ <p style="text-align: center;">SACRAMENTS</p> Baptized: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ 1st Communion: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ Confirmed: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____	Name: _____ First Middle Last Gender: _____ Birth Date: _____ Email: _____ Cell Phone: _____ School: _____ Grade: _____ <p style="text-align: center;">SACRAMENTS</p> Baptized: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ 1st Communion: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ Confirmed: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____
Name: _____ First Middle Last Gender: _____ Birth Date: _____ Email: _____ Cell Phone: _____ School: _____ Grade: _____ <p style="text-align: center;">SACRAMENTS</p> Baptized: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ 1st Communion: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ Confirmed: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____	Name: _____ First Middle Last Gender: _____ Birth Date: _____ Email: _____ Cell Phone: _____ School: _____ Grade: _____ <p style="text-align: center;">SACRAMENTS</p> Baptized: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ 1st Communion: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____ Confirmed: (Y/N) _____ Date: _____ Church: _____ City: _____ State: _____

Thanks for joining our parish family! We look forward to seeing you!

OFFICE USE ONLY	
Registered PDS	Talents/ Ministries posted PDS
Envelopes Ordered	Criterion
Electronic Giving Offering	Welcome Letter Sent
OSV	Census