Immaculate Conception Church

109 Angel Ave NW
P.O. Box 548
Watertown, MN 55388
(952) 955-1458
iccw@frontiernet.net

OFFICE USE ONLY	
OSV	
PDS	
Funeral	
Circle	
Packet	
Bulletin	
Focus	
ENV#	
ENV #	

PARISH REGISTRATION FORM

Date: _____

I understand that by becoming a member of the ICC Community, I am called to:

1. Attend Mass regularly at this parish.
2. Use my Sunday collection envelopes.
3. Support the Ministries of my parish.

X_____
Signature

How should mail to your home be addressed? (Circle One)

Dr. & Mrs. Mr. & Mrs. Mr. Mrs. Ms. Miss

FAMILY INFORMATION

Last Name: _____

Home Phone: (___) ___-____ Unlisted: ☐ Yes ☐ No

Address: _____

City:_____ State:_____ Zip: _____

Family E-Mail: _____

In your house are all Catholic? Yes Mixed? _____

Please circle the Ministries or Groups you would like to join.

Parish Ministries & Groups

Sacristans	Grounds Maintenance
Rosary Makers	Parish Council
Altar Servers	Prayer Blanket Ministry
Lectors	Prayer Chain
Bible Study	R.C.I.A
Eucharistic Ministers	Religious Ed.
Choir – Adult / Children	Youth & Fellowship
Ushers	Knights of Columbus
Funeral Committee	ICC Ministries Group

Stewardship – A Way of Life

Be A Steward of Talent	Be A Steward of Time	Be A Steward of Treasure
Develop your talents. Use your gifts to help change the lives of others.	Examine how you use your time. For a week, note the time spent with family, at work, etc.	Everything you have is a gift from God.
Rejoice in your talents. God has given you unique gifts.	Set Goals. Think about what you want to achieve with your life.	Stewardship means returning the first portion of all God has given to you as a way to thank Him.
Use your talents. Share your talents with your parish community	Make specific plans. Set aside time to help out at church.	Be content with enough. Learn to distinguish your needs from your wants. Enough of anything is all you need.

HEAD OF HOUSHOLD

First Name: _____ Middle Name:_____ Last Name: _____

Cell Phone: (___) ___-____ Work Phone: (___) ___-____ E-Mail: _____

Birthday: __/__/__ Sex: ☐ M ☐ F Religion: ☐ Catholic ☐ Other:_____ Ethnicity: _____

Marital Status: (Circle One) Single Married Divorced Separated Widowed Maiden Name: _____

If Married, please complete the following: Church Marriage Date:__/__/__ Civil Marriage Date: __/__/__

Church Name:_____ City:_____ State: _____

SACRAMENTS

	Baptism Y N	Reconciliation Y N	Communion Y N	Confirmation Y N
Date:				
Church:				
City/State:				

SPOUSE

First Name: _____ Middle Name:_____ Last Name: _____

Maiden Name: _____ Ethnicity: _____

Cell Phone: (___) ___-____ Work Phone: (___) ___-____ E-Mail: _____

Birthday: __/__/__ Sex: ☐ M ☐ F Religion: ☐ Catholic ☐ Other: _____

SACRAMENTS

	Baptism Y N	Reconciliation Y N	Communion Y N	Confirmation Y N
Date:				
Church:				
City/State:				

IMMACULATE CONCEPTION REGISTRATION FORM CONTINUED

CHILD/DEPENDENT 1

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: / / Sex: ☐ M ☐ F Religion: ☐ Catholic ☐ Other: _____

School: _____ Grade: _____ Ethnicity: _____

SACRAMENTS

	Baptism Y N	Reconciliation Y N	Communion Y N	Confirmation Y N
Date:				
Church:				
City/State:				

CHILD/DEPENDENT 2

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: / / Sex: ☐ M ☐ F Religion: ☐ Catholic ☐ Other: _____

School: _____ Grade: _____ Ethnicity: _____

SACRAMENTS

	Baptism Y N	Reconciliation Y N	Communion Y N	Confirmation Y N
Date:				
Church:				
City/State:				

CHILD/DEPENDENT 3

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: / / Sex: ☐ M ☐ F Religion: ☐ Catholic ☐ Other: _____

School: _____ Grade: _____ Ethnicity: _____

SACRAMENTS

	Baptism Y N	Reconciliation Y N	Communion Y N	Confirmation Y N
Date:				
Church:				
City/State:				

CHILD/DEPENDENT 4

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: / / Sex: ☐ M ☐ F Religion: ☐ Catholic ☐ Other: _____

School: _____ Grade: _____ Ethnicity: _____

SACRAMENTS

	Baptism Y N	Reconciliation Y N	Communion Y N	Confirmation Y N
Date:				
Church:				
City/State:				

CHILD/DEPENDENT 5

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: / / Sex: ☐ M ☐ F Religion: ☐ Catholic ☐ Other: _____

School: _____ Grade: _____ Ethnicity: _____

SACRAMENTS

	Baptism Y N	Reconciliation Y N	Communion Y N	Confirmation Y N
Date:				
Church:				
City/State:				