

Immaculate Conception Church * Parishioner Information

Welcome! If you would like to become a registered parishioner or are just updating your information, please complete as much information as possible and mail this to:

Immaculate Conception Church
119 West Main Street • P.O. Box 99
Brownville, New York 13615

First Name: _____ Last Name: _____

Address _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

I am (please indicate one):

- _____ New to Immaculate Conception
- _____ Currently registered and updating information
- _____ Leaving Immaculate Conception. Please remove my name from the mailing list
- _____ Not Catholic and would like to know more about the Catholic Faith

I would like to be contacted about the following Programs and Ministries:

| Programs | Faith Formation | Ministries | Hospitality |
|------------------------------|--------------------------|-----------------------|--------------------------|
| Altar Servers | Elementary Ed. (4-6 yrs) | Lectors | Ministers of Hospitality |
| Altar & Rosary Society | Middle Ed. (7-8 yrs) | Eucharistic Ministers | Coffee Hour |
| Choir | Confirmation | Altar Servers | Office Support |
| Bereavement Committee | Adult Confirmation | | Special Events |
| Parish Council | | | |
| Food Pantry | | | |
| Gift Shop | | | |
| Other Programs or Ministries | (please indicate): | | |

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Head of Household Information:

Full Name: _____ Male: _____ Female: _____
Religion: _____
Occupation: _____ Business Phone: _____
Date of Birth: _____ Date of Baptism: _____
Year of First Communion: _____ Confirmation: _____
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____
Date of Marriage: _____

Spouse Information:

Full Name: _____ Male: _____ Female: _____
Religion: _____
Occupation: _____ Business Phone: _____
Date of Birth: _____ Date of Baptism: _____
Year of First Communion: _____ Confirmation: _____
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____
Date of Marriage: _____

Child #1:

Full Name: _____ Male: _____ Female: _____
Religion: _____
Date of Birth: _____ Date of Baptism: _____
Year of First Communion: _____ Confirmation: _____

Child #2:

Full Name: _____ Male: _____ Female: _____
Religion: _____
Date of Birth: _____ Date of Baptism: _____
Year of First Communion: _____ Confirmation: _____

Child #3:

Full Name: _____ Male: _____ Female: _____
Religion: _____
Date of Birth: _____ Date of Baptism: _____
Year of First Communion: _____ Confirmation: _____

Child #4:

Full Name: _____ Male: _____ Female: _____
Religion: _____
Date of Birth: _____ Date of Baptism: _____
Year of First Communion: _____ Confirmation: _____

If more space is needed for additional children, please submit on a separate page.