



**Welcome to The Church of the Immaculate Conception!**

4030 Jackson St NE, Columbia Heights, MN 55421  
763-788-9062 • ICCSonline.org

*Please complete as fully as possible. All Information is confidential.*

Date: \_\_\_\_\_ PREVIOUS PARISH: \_\_\_\_\_

FAMILY LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MARITAL STATUS: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Please list your name as you wish it to appear on our mailing label. i.e. Mr & Mrs, Robert & Susan, etc

	Adult	Adult	Child	Child	Child
First Name					
Middle Name					
Maiden Name					
Nickname					
Last Name (if different than above)					
Gender (M or F)					
Birth Date					
Work Phone					
Cell Phone					
Email Address					
Religion					
School Attending					
Current Grade					
Occupation					
Company Name					
<b>Sacraments Received Y/N, Date or Approx. (if known)</b>					
Baptism church, city, state and date					
Reconcilliation Church and Date					
Church and Date Communion					
Confirmation Church and Date					
Marriage Church and Date					
<b>Office Use Only</b>					
ID #: _____ Env. _____	C.S. _____	PDS: _____	Letter: _____	Bulletin: _____	
Church Intro Date: _____ Carry Gifts: Y/N			Email list: Y/N		
Appt Time and Date _____			Date Entered & Initials: _____		

