



Let our spirit shine through!

Immaculate Heart of Mary Church

PLEASE PRINT LEGIBLY

OFFICE USE ONLY-ENV # _____

REGISTRATION DATE ____ / ____ / ____

FAMILY LAST NAME _____

ADDRESS _____ P O BOX _____ APT # _____

CITY _____ ZIP CODE _____ HOME PHONE _____ (L) _____ (UNL) _____

FAMILY EMAIL _____

ARE YOU INTERESTED IN ENVELOPES OR ONLINE GIVING? (Circle one) ENVELOPES ONLINE

For online giving go to WWW.FAITHDIRECT.NET and use parish code **OH405** or pick up enrollment forms at the parish office

FIRST ADULT/HEAD OF HOUSEHOLD

First Name _____ Midd Init _____ Maiden/Last _____

Title _____ Suffix _____ Gender _____ Race (Circle one) Caucasian African-American/Bi-Racial
Hispanic Asian/Oriental Other _____

Birth date ____ / ____ / ____ Education (highest grade completed) _____

Occupation _____ Company _____ Office Phone _____

Email _____ Cell Phone _____

RELIGION (circle one) Roman Catholic Eastern Rite Catholic Orthodox

Other Denomination _____

BAPTISM (circle one) YES NO (If Yes) Date ____ / ____ / ____

Church Name _____ City/State _____

1ST RECONCILIATION (circle one) YES NO

Church Name _____ City/State _____

1ST COMMUNION (circle one) YES NO

Church Name _____ City/State _____

CONFIRMATION (circle one) YES NO (If Yes) Date ____ / ____ / ____

Church Name _____ City/State _____

MARRIAGE (circle one) YES NO (If Yes) Date ____ / ____ / ____

Church Name _____ City/State _____



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SECOND ADULT/SPOUSE

First Name _____ Midd Init _____ Maiden/Last _____

Title _____ Suffix _____ Gender _____ Race (Circle one) Caucasian African-American/Bi-Racial
Hispanic Asian/Oriental Other _____

Birth date ____/____/____ Education (highest grade completed) _____

Occupation _____ Company _____ Office Phone _____

Email _____ Cell Phone _____

RELIGION (circle one) Roman Catholic Eastern Rite Catholic Orthodox

Other Denomination _____

BAPTISM (circle one) YES NO (If Yes) Date ____/____/____

Church Name _____ City/State _____

1ST RECONCILIATION (circle one) YES NO

Church Name _____ City/State _____

1ST COMMUNION (circle one) YES NO

Church Name _____ City/State _____

CONFIRMATION (circle one) YES NO (If Yes) Date ____/____/____

Church Name _____ City/State _____

MARRIAGE (circle one) YES NO (If Yes) Date ____/____/____

Church Name _____ City/State _____



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FAMILY MEMBER

First Name _____ Midd Init _____ Maiden/Last _____

Title _____ Suffix _____ Gender _____ Race (Circle one) Caucasian African-American/Bi-Racial
Hispanic Asian/Oriental Other _____

Birth date ____/____/____ Education (highest grade completed) _____

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Other Denomination _____

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Church Name _____ City/State _____

1ST RECONCILIATION (circle one) YES NO

Church Name _____ City/State _____

1ST COMMUNION (circle one) YES NO

Church Name _____ City/State _____

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