

Immaculate Conception Catholic Church

P.O. Box 158, 12369 LA Hwy 416, Lakeland, LA 70752

Phone 225/627-5124 Fax 225/627-5125

Welcome to Immaculate Conception! Please fill this form out and return it to the parish office via e-mail, fax, or delivery.

Family Last Name: _____ First _____ Spouse _____ Title (circle): Mr/Mrs Mr Mrs Ms Miss

Street Address: _____ Mail Address (if different) _____ City _____ State _____ Zip _____

Telephone Number: _____ Cell Phone No. _____ Email Address: _____

Marital Status (circle): Catholic Marriage Civil Non-Catholic Minister Single Widowed Divorced Separated

	HEAD	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4	Others in household
First Name							
Last Name		(Maiden)					
Religion							
Occupation							
Place of Employment (or Name of School)							
Phone							
School Grade							
Gender							
Birthdate							
Baptism (Date & Church)	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Confirmation (Date & Church)	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Marriage (Date & Church)	___ Yes ___ No	___ Yes ___ No					