

PLEASE READ CAREFULLY AND COMPLETE ALL QUESTIONS

FAMILY

Last Name _____ ●●

Street _____ ●
 _____ ●

City _____ (1●) NH (1●) Zip + 4 _____ - _____ ●●

Home Phone (603) _____ ● Unlisted? Yes No ●

Registration Date ____/____/____ ● Reason? New to area CCD/Youth Registration
 Baptism Registration Engaged
 Other (specify) _____



**IMMACULATE
HEART
OF MARY
CHURCH**
 180 Loudon Rd
 Concord, NH 03301
 (603) 224-4393

PARISH REGISTRATION



Envelopes are the backbone of the Church that provide an estimated annual income for the fiscal year. As with your household, we need to be able to prepare a yearly budget. This can only be accomplished through the use of the envelope system and at the end of the calendar year we can provide you with a statement of your charitable contributions.

WOULD YOU LIKE TO USE ENVELOPES FOR THE SUPPORT OF GOD'S WORK IN OUR PARISH? Yes No (Office use only) _____

MEMBER

HEAD OF HOUSEHOLD

First Name _____ ● Middle _____ ● Title (Dr., etc) _____ ●

Suffix (Jr., III, etc) _____ ● Maiden Name (if appropriate) _____ ● E-mail _____ ●

Phone Cell () _____ ● Work () _____ ● Ext _____ ● Unlisted? Yes No ●

Fax () _____ ●●●●● Sex M F ●

Birth date ____/____/____ ● Marital Status Single Separated Religion Catholic
 Widowed Divorced Other _____ ●

SACRAMENT



BAPTISM Date ____/____/____ ●● Church _____
 Address _____
 City, State, Zip _____ ●

1st EUCHARIST Date ____/____/____ ● Church _____
 Address _____
 City, State, Zip _____ ●●●●●

CONFIRMATION Date ____/____/____ ● Church _____
 Address _____
 City, State, Zip _____ ●

MARRIAGE Church _____
 Address _____
 City, State, Zip _____ ●

TALENTS/MINISTRY (Please indicate any and all that you currently have or would be willing to share with IHM)

- Lector Altar Server Usher Hospitality Baking Educator Fundraising
- Carpentry Sewing Painting Computer Crafts Electrician Finance/Budget
- Sing Play instrument Telephoning Other _____ ●

EMPLOYMENT

●●●●●● Company Name _____ ●
 Job Title _____

Office Info Only:
 Received ____/____/____ by _____
 LOGOS updated ____/____/____
 Letter
 Envelopes sent
 Envelopes Notified
 Parable Notified

If there are other adults (over 21) in the household who are NOT THE SPOUSE of the Head of the Household, they must be a SEPARATE HOUSEHOLD, complete a form and be registered on their own. Thank you.

MEMBER

SPOUSE

First Name _____ • Middle _____ • Title (Dr., etc) _____ •
 Suffix (Jr., III, etc) _____ • Maiden Name (if appropriate) _____ • E-mail _____ •
 Phone Cell () _____ • Work () _____ • Ext _____ • Unlisted? Yes No •
 Fax () _____ • Sex M F •
 Birthdate ____/____/____ • Marital Status Single SEparated Widowed Divorced Other _____ •
 Birth place _____



SACRAMENT

BAPTISM Date ____/____/____ •• Church _____ Address _____ City, State, Zip _____ •
1st EUCHARIST Date ____/____/____ • Church _____ Address _____ City, State, Zip _____ •••••
CONFIRMATION Date ____/____/____ • Church _____ Address _____ City, State, Zip _____ •
MARRIAGE Church _____ Address _____ City, State, Zip _____ •

TALENTS/MINISTRY (Please indicate any and all that you currently have or would be willing to share with IHM)

- Lector Altar Server Usher Hospitality Baking Educator Fundraising
- Carpentry Sewing Painting Computer Crafts Electrician Finance/Budget
- Sing Play instrument Telephoning Other _____ •

EMPLOYMENT

••••• Company Name _____ • Job Title _____

Second Address (if you have a winter or summer residence)

Street _____ •
 _____ •
 City _____ (1•) State _____ (1•) Zip + 4 _____ - _____ ••
 Date Leaving ____/____/____ Date Returning ____/____/____

Would you like the bulletin mailed to you while you are away? Yes No

FAMILY Last Name _____

MEMBER

CHILD

Last Name only if different from Family Name _____

First Name _____ ● Middle _____ ●● Suffix (Jr., III, etc) _____ ●●●●●●●●●●

Sex M F ● Birthdate ____/____/____ ●● Religion Catholic
Birth place _____ Other _____ ●
Grade this September _____ School _____ Language 1st _____
Language 2nd _____

SACRAMENTS

BAPTISM Date ____/____/____ ●● Church _____
Address _____ City, State, Zip _____ ●
1st EUCHARIST Date ____/____/____ ● Church _____
Address _____ City, State, Zip _____ ●●●●●

CONFIRMATION Date ____/____/____ ● Church _____
Address _____ City, State, Zip _____ ●

TALENTS/MINISTRY (Please indicate any and all that you currently have or would be willing to share with IHM)

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- Carpentry Sewing Painting Computer Crafts Electrician Finance/Budget
- Sing Play instrument Telephoning Other _____ ●

MEMBER

CHILD

Last Name only if different from Family Name _____

First Name _____ ● Middle _____ ●● Suffix (Jr., III, etc) _____ ●●●●●●●●●●

Sex M F ● Birthdate ____/____/____ ●● Religion Catholic
Birth place _____ Other _____ ●
Grade this September _____ School _____ Language 1st _____
Language 2nd _____

SACRAMENTS

BAPTISM Date ____/____/____ ●● Church _____
Address _____ City, State, Zip _____ ●
1st EUCHARIST Date ____/____/____ ● Church _____
Address _____ City, State, Zip _____ ●●●●●

CONFIRMATION Date ____/____/____ ● Church _____
Address _____ City, State, Zip _____ ●

TALENTS/MINISTRY (Please indicate any and all that you currently have or would be willing to share with IHM)

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- Carpentry Sewing Painting Computer Crafts Electrician Finance/Budget
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