

THE CATHEDRAL CHURCH OF THE IMMACULATE CONCEPTION
125 EAGLE STREET ALBANY, NY 12202
PHONE NO. 518.463.4447

PARISH REGISTRATION FORM

Primary Registrant *(See Note on back page)

Last Name _____ First Name _____ MI _____

Maiden Name _____ (if applicable)

Mailing Address _____

House Number and Street _____ City _____ State _____ Zip Code _____

Home Address _____

(If different than mailing) House Number and Street _____ City _____ State _____ Zip Code _____

Email Address _____

Home Phone# (____) - _____ - _____ Work or Other Phone# (____) - _____ - _____

Occupation/Workplace: _____

If you are a student: School Attending/Grade Level _____

Personal Information: Date of Birth ____/____/____ Gender: Male () Female ()

Marital Status _____

Religion: Catholic () Other _____

Please check all that apply: Baptized () First Communion () Confirmed ()

FAMILY MEMBERS LIVING IN THE HOUSEHOLD WITH THE PRIMARY REGISTRANT

(Please list spouse first if applicable) ** See note on back page

Last Name _____ First Name _____ MI _____ DOB _____ Gender (M/F) _____ Relationship to Primary _____

Maiden Name _____ (if applicable)

Religion: Catholic () Other _____

Occupation/Workplace: _____

If you are a student: School Attending/Grade Level _____

Please check all that apply: Baptized () First Communion () Confirmed ()

Last Name First Name MI DOB Gender (M/F) Relationship to Primary
Maiden Name _____ (if applicable)
Religion: Catholic () Other _____
Occupation/Workplace: _____
If you are a student: School Attending/Grade Level _____
Please check all that apply: Baptized () First Communion () Confirmed ()

Last Name First Name MI DOB Gender (M/F) Relationship to Primary
Maiden Name _____ (if applicable)
Religion: Catholic () Other _____
Occupation/Workplace: _____
If you are a student: School Attending/Grade Level _____
Please check all that apply: Baptized () First Communion () Confirmed ()

If there are more members in the household, please list them on an attached sheet.

Do you wish to participate in the Parish Envelope Program? Yes () No ()

Does any member of your household have special needs? (IE: Homebound, Illness) Yes () No ()

If yes, please list those needs: _____

Would you like to be contacted by a staff member? Yes () No () / If yes, please state reason at the bottom of the page.

Would you like to receive envelopes? Yes () No ()

Notes:

***The Primary Registrant** is the person who completes the registration form and is the person to whom mail is address.

** The relationship to the Primary Registrant may be listed in the following manner:

Please choose one of the following for persons living in the household related by Family or Marriage:

Spouse, Adult Child, Child, Brother, Sister, Father, Mother, Grandfather, Grandmother, Grandson, Granddaughter

Those members of the household not related by family or marriage may be listed simply as Adult.

When a member of the household is listed as Spouse, if a Maiden Name is applicable, please list that information in the appropriate space.

PLEASE USE THIS SPACE BELOW TO LIST FURTHER INFORMATION OR COMMENTS: