

Immaculate Conception Church of Rapid City
Parishioner Information

522 Columbus St, Rapid City, SD 57701

Date (mm/dd/year): _____

Family Name (last name): _____

Head of Household's Name- First: _____ Middle: _____

Birth Date: _____

Spouse's Name- First: _____ Middle: _____

Maiden: _____ Spouse's Birth Date: _____

Letters addressed to (circle one): Mr. & Mrs. Dr. & Mrs. Mr. Mrs. Ms. Miss

Marital Status (circle one): Single Married Divorced Remarried w/nullity Remarried w/o nullity

Residence address: _____

Mailing address: _____

(if different than above) _____

Home phone: (_____) _____

Cell phone Head of Household: (_____) _____ Spouse: (_____) _____

Family email: _____

Sacramental Registration Information (for family members living in the home age 21 years or less)

****Note:** Please record dates mm/dd/year. If date unknown, First Holy Eucharist date can be approximated to the year, all other dates should be exact. If more than 6 children in the home, please attach second sheet.

Head of household:

Baptism: Date: _____ Parish Name: _____

City/State: _____

1st Holy Eucharist: Date: _____ Parish Name: _____

City/State: _____

Confirmation: Date: _____ Parish Name: _____

City/State: _____

Spouse:

Baptism: Date: _____ Parish Name: _____

City/State: _____

1st Holy Eucharist: Date: _____ Parish Name: _____

City/State: _____

Confirmation: Date: _____ Parish Name: _____

City/State: _____

First Child: Name-First: _____ Middle: _____ D.O.B. _____
Baptism: Date: _____ Parish Name: _____
City/State: _____
1st Holy Eucharist: Date: _____ Parish Name: _____
City/State: _____
Confirmation: Date: _____ Parish Name: _____
City/State: _____

Second Child: Name-First: _____ Middle: _____ D.O.B. _____
Baptism: Date: _____ Parish Name: _____
City/State: _____
1st Holy Eucharist: Date: _____ Parish Name: _____
City/State: _____
Confirmation: Date: _____ Parish Name: _____
City/State: _____

Third Child: Name-First: _____ Middle: _____ D.O.B. _____
Baptism: Date: _____ Parish Name: _____
City/State: _____
1st Holy Eucharist: Date: _____ Parish Name: _____
City/State: _____
Confirmation: Date: _____ Parish Name: _____
City/State: _____

Fourth Child: Name-First: _____ Middle: _____ D.O.B. _____
Baptism: Date: _____ Parish Name: _____
City/State: _____
1st Holy Eucharist: Date: _____ Parish Name: _____
City/State: _____
Confirmation: Date: _____ Parish Name: _____
City/State: _____

Fifth Child: Name-First: _____ Middle: _____ D.O.B. _____
Baptism: Date: _____ Parish Name: _____
City/State: _____
1st Holy Eucharist: Date: _____ Parish Name: _____
City/State: _____
Confirmation: Date: _____ Parish Name: _____
City/State: _____

Sixth Child: Name-First: _____ Middle: _____ D.O.B. _____
Baptism: Date: _____ Parish Name: _____
City/State: _____
1st Holy Eucharist: Date: _____ Parish Name: _____
City/State: _____
Confirmation: Date: _____ Parish Name: _____
City/State: _____