



Immaculate Conception Church
 91-1298 Renton Rd.
 Ewa Beach, HI 96706
 Ph#: (808) 681-3701 Fax#: (808) 681-3117
 Fr. Michel W. Dalton, O.F.M. Cap.

For office use:
 Registered: _____
 Sent letter: _____

REGISTRATION FORM

FAMILY NAME: _____ ID/ENV#: _____
(Office Use)

ADDRESS: _____

PHONE#: _____ (Hm) _____ (Cell) _____ (Wk)
Unlisted? Yes No

Optional Info: EMAIL: _____ Primary Language _____

	Head of Household	Spouse	Child/Other Mbr	Child/Other Mbr	Child/Other Mbr
Last Name					
First Name					
Birthdate					
Marital Status **					
Ethnicity					
Occupation					
Location					
Religion					
Church of Baptism					
City & State					
Chu of Confirmation					
City & State					
Church of Marriage					
City & State					

Please indicate: Catholic (CM**) Civil (**CV**) Minister (**MM**) Co-Habitation (**CH**) Divorced (**D**) Widowed (**W**) Single (**S**)

- _____ I would like more information on becoming a Catholic.
- _____ I would like more information on your Religious Education program.
- _____ I would like more information on your different ministries within the parish.

Notes: