

PARISH REGISTRATION FORM

Check one:
 Immaculate Conception Church-Moville
 St. Michael Church-Kingsley

DATE ____/____/____

FAMILY LAST NAME

SECOND ADDRESS

Street Address	Dates - From (month - month) -
PO Box	Street Address
City, State, Zip	PO Box
Telephone	City, State, Zip
E-mail Address	Telephone

Are you a permanent resident? Yes No **(if no, please provide second address above)**
 Are you or a family member homebound? Yes No
 Marital Status Single Married Divorced Separated Widowed
 Were you married by a: (circle one) Catholic Priest Minister Justice of the Peace

Family Member Info (Full Names)	Religion	Birth Date	Baptism	Confirmation	Marriage Date	Occupation or School/Grade	Committees or Ministries you are interested in joining
Husband or Head of Household			Yes No	Yes No			
Spouse - Indicate Maiden Name			Yes No	Yes No			
Children Living at Home (indicate M/F)			Yes No	Yes No			
1)			Yes No	Yes No			
2)			Yes No	Yes No			
3)			Yes No	Yes No			
4)			Yes No	Yes No			
5)			Yes No	Yes No			
6)			Yes No	Yes No			
7)			Yes No	Yes No			
8)			Yes No	Yes No			

*Mail this form to: **Immaculate Conception Church OR St. Michael Church, PO Box 802, Moville IA 51039-0802**

Or drop it off at the office or put it in the collection basket at Mass.

Faith Formation is offered for students in grades PS-12. Contact (712) 873-3644 [Moville] OR (712) 378-2021[Kingsley], for registration information.

ENVELOPE # _____ DATE ENTERED ____/____/____ ENTERED BY _____