St. Mary of the Immaculate Conception Parish Office ID # 542 Walnut St. ■ Lawrenceburg, IN 47025 ■ (812) 537-3992 Email: parishoffice@dccatholics.com		
Family: Last Name	Date	
Mailing Address	City & Zip	
Street Address (if different)	Home Phone	
Marital Status: Single Married Sepa	arated Divorced Widowed	
Would you like to sign up for electronic giving (Y/N)	If Yes, would you like to receive envelopes (Y/N)	
(Go to https://www.mystmarys.com for on-line giv	ing. It can be found under Parish, Give Online.)	
Adult Household Member Information		
Name:	Name:	
First Middle Last	First Middle Last	
Nickname: Maiden Name:	Nickname: Maiden Name:	
Date of Birth:	Date of Birth:	
Religion:	Religion:	
Cell Phone:	Cell Phone:	
Email:	Email:	
Driver's License No: (if you wish to be on the festival gaming license)	Driver's License No:(if you wish to be on the festival gaming license)	
Occupation:	Occupation:	
Work Phone:	Work Phone:	
Sacraments	Sacraments	
Baptized: (Y/N)Date:	Baptized: (Y/N)Date:	
Church <aaaaaaaaaaa_city:state:< td=""><td>Church:City:State:</td></aaaaaaaaaaa_city:state:<>	Church:City:State:	
Ist Communion:" /P+aa Date:aaaaaaaaaaa	Ist Communion: (Y/N) Date:	
Church:City:State:	Church:City:State:	
<i>Confirmed<</i> "*{ IP +aaaaaaa"''F cvg <aaaaaaaaaaaa''< td=""><td>Confirmed: (Y/N) Date:</td></aaaaaaaaaaaa''<>	Confirmed: (Y/N) Date:	
Church:City:State:	Church:City:State:	
<i>Married≮</i> *{[IP +'"aaaaaaaa""F cwg⊲aaaaaaaaaaaa	<i>Married:</i> (Y/N) Date:	
Church:City:State:"	Church:City:State:	

Children's Information on reverse.

Name:	Name:
Name: First Middle Last	First Middle Last
Gender: Birth Date:	Gender: Birth Date:
Email:Cell Phone:	Email: Cell Phone:
School:	School:
Grade:	Grade:
SACRAMENTS	SACRAMENTS
Baptized: (Y/N)Date:	Baptized: (Y/N)Date:
Church:City:State:	Church:City:State:
1st Communion: (Y/N)Date:	1st Communion: (Y/N)Date:
Church:City:State:	Church: City: State:
Confirmed: (Y/N) Date:	Confirmed: (Y/N) Date:
Church:City:State:	Church:City:State:
Name:	Name:
First Middle Last	Name:
Gender: Birth Date:	Gender: Birth Date:
Email:Cell Phone:	Email:Cell Phone:
Email: Cell Phone: School:	Email: Cell Phone: School:
School:	School:
School: Grade:	School: Grade:
School: Grade: SACRAMENTS	School: Grade: SACRAMENTS
School:	School:
School:	School:
School:	School:

Thanks for joining our parish family! We look forward to seeing you!

OFFICE USE ONLY	
Registered PDS	Talents/ Ministries posted PDS
Envelopes Ordered	Criterion
Electronic Giving Offering	Welcome Letter Sent
OSV	Census