

Children at Home Info. Cont.

Child #3: Male Female

Last Name: _____

First Name: _____

Middle Name or Initial: _____

Birth Date: _____

Place of Birth: _____

Please provide Baptismal, First Communion, Confirmation, date and place if known:

Baptism: _____

First Communion: _____

Confirmation: _____

Grade in school attending: _____

Child #4: Male Female

Last Name: _____

First Name: _____

Middle Name or Initial: _____

Birth Date: _____

Place of Birth: _____

Please provide Baptismal, First Communion, Confirmation, date and place if known:

Baptism: _____

First Communion: _____

Confirmation: _____

Grade in school attending: _____

**Stewardship at
Immaculate Heart of Mary Church**

In welcoming you to Immaculate Heart of Mary Church, we invite you to join us on our journey toward full stewardship of Time, Talent, and Treasure.

Stewardship is a path that can take your relationship with Christ to a deeper level by enabling you to do more than simply profess your faith, but truly live it by making your life and gifts an offering to God.

We will be sending stewardship of Time, Talent, and Treasure materials that are designed to help you and your family become active members of Immaculate Heart of Mary Church.

Please feel free to call the office if you have any questions.
May God bless you.

Please feel free to drop this form in the offertory basket during Mass, or you may mail it to the office at the address below. If you would like to drop it by the office, the office hours are listed below:

Monday through Friday, 9:30am - 1:30pm



Immaculate Heart
of
Mary Church
719 Ferry Street
Sedro-Woolley, WA 98284

(360) 855-0077
Email: iheart@svcc.us
Website: www.svcc.us

**WELCOME TO
IMMACULATE HEART OF
MARY CHURCH**

**PARISH
REGISTRATION
FORM**



719 Ferry Street
Sedro Woolley, WA 98284

~
Tel: 360-855-0077

~
Email: iheart@svcc.us
Website: www.svcc.us

Office Use Only: Envelope #: _____

PLEASE PRINT ALL INFORMATION
THANK YOU.

Date: _____

Head of Household Info.

Male Female

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

Home Phone: _____

Cell: _____

Email: _____

Marital Status: _____

Birth Date: _____

Religion: (**see below) _____

Sacraments Received: (Baptism, First
Communion, Confirmation): _____

Name of church and date where sacraments
were received: _____

City and State of church: _____

Occupation: _____

Work phone number: _____

****If not Catholic, does your spouse want to
be included on our membership list?** _____

Spouse's Information

Male Female

Maiden Name: _____

First Name: _____

Middle Name: _____

Address: _____

Home Phone: _____

Cell: _____

Email: _____

Marital Status: _____

Birth Date: _____

Religion: (**see below) _____

Sacraments Received: (Baptism, First
Communion, Confirmation): _____

Name of church and date where sacraments were
received: _____

City and State of church: _____

Occupation: _____

Work phone number: _____

Would you like to receive Sunday Stewardship
envelopes? Yes No

Do you have any pastoral/ sacramental
needs? _____

Children at Home Information

Child #1: Male Female

Last Name: _____

First Name: _____

Middle Name or Initial: _____

Birth Date: _____

Place of Birth: _____

Please provide Baptismal, First Com-
munion, Confirmation, date and place if
known:

Baptism: _____

First Communion: _____

Confirmation: _____

Grade in school attending: _____

Child #2: Male Female

Last Name: _____

First Name: _____

Middle Name or Initial: _____

Birth Date: _____

Place of Birth: _____

Please provide Baptismal, First Com-
munion, Confirmation, date and place if
known:

Baptism: _____

First Communion: _____

Confirmation: _____

Grade in school attending: _____