



IMMACULATE CONCEPTION

P R O - C A T H E D R A L

## NEW PARISHIONER REGISTRATION FORM

NAME: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

NAMES OF CHILDREN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SACRAMENTS RECEIVED  
(FOR EACH FAMILY MEMBER) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_

\*Please provide a copy of Baptismal Certificates

*O Mary, conceived without sin, pray for us who have recourse to thee.*

**Immaculate Conception Church**  
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El Paso, TX 79901

**Contact**  
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