



Basilica of the Immaculate Conception

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Parish Registration Form

Date _____

Family Name (Surname) _____

Address _____ Apt. # _____

City _____ State _____ ZIP _____

Home Phone _____ Work phone _____

Cell Phone _____ E-mail _____

Years in This Parish _____

Head of Household: Married ___ Separated ___ Divorced ___ Widowed ___ Single ___ Annulled ___

Adults	Birth Date	Religion	Occupation	Church of Marriage

Children Living at Home	Birth Date	Name of School	Check (✓) if sacrament received			
			Baptism	1st Communion	Confirmation	Rel. Education

Parish Envelope # _____

If you do not have envelopes, would you like them? Yes ___ No ___

Are you interested in learning more about the many volunteer opportunities at the Basilica? Yes ___

Skills/Interests : _____

Parish Activities : _____