



**THE CATHEDRAL OF THE IMMACULATE CONCEPTION**  
**NEW FAMILY REGISTRATION FORM**  
 416 West 12th Street, Kansas City, MO 64105  
 816.842.0416

<b>CATHEDRAL OFFICE USE ONLY</b>			
Contribution Envelope?		Envelope #	

Please include information for all members even if they are not Catholic

**CONTACT INFORMATION**

Parish Registration Date: \_\_\_\_\_ Mailing Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
 Home Phone:(include area code) (\_\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Family Email address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Permission to publish information in Parish Directory?  Publish phone  Publish Address  Publish Email  
 School District: \_\_\_\_\_

**MARITAL INFORMATION**

Marital Status:  Single  Married  Widowed  Separated  Divorced  
 Anniversary Date (if married) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Married by:  Priest  Deacon  
 Wedding Location Church \_\_\_\_\_ Wedding Location City \_\_\_\_\_

**INFORMATION ABOUT HEADS OF HOUSEHOLD**

**MALE**

Salutation:  Mr.  Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sacramental Information:  Baptized  Catholic  RCIA  OTHER  Reconciliation  First Eucharist  Confirmation  
 Occupation: \_\_\_\_\_  
 Work phone: (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Accept Text Messages?  Yes  No  
 Email \_\_\_\_\_  
 Racial Group: \_\_\_\_\_

**FEMALE**

Salutation:  Mrs  Ms.  Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sacramental Information:  Baptized  Catholic  RCIA  OTHER  Reconciliation  First Eucharist  Confirmation  
 Occupation: \_\_\_\_\_  
 Work phone: (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Accept Text Messages?  Yes  No  
 Email \_\_\_\_\_  
 Racial Group: \_\_\_\_\_



THE CATHEDRAL OF THE IMMACULATE CONCEPTION  
**NEW FAMILY REGISTRATION FORM**  
416 West 12th Street, Kansas City, MO 64105  
816.842.0416

**INFORMATION ABOUT YOUR CHILDREN**

**CHILD #1 INFORMATION**

First Name: \_\_\_\_\_  
SEX: M F  
SPECIAL NEEDS (*Leave blank if N/A*)  
\_\_\_\_\_

Last Name: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Sacraments Received:      Baptism Catholic Reconciliation First Eucharist Confirmation  
Add date of sacraments if known    Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_                      Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_                      Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Racial Group: \_\_\_\_\_

**CHILD #2 INFORMATION**

First Name: \_\_\_\_\_  
SEX: M F  
SPECIAL NEEDS (*Leave blank if N/A*)  
\_\_\_\_\_

Last Name: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Sacraments Received:      Baptism Catholic Reconciliation First Eucharist Confirmation  
Add date of sacraments if known    Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_                      Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_                      Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Racial Group: \_\_\_\_\_

**CHILD #3 INFORMATION**

First Name: \_\_\_\_\_  
SEX: M F  
SPECIAL NEEDS (*Leave blank if N/A*)  
\_\_\_\_\_

Last Name: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Sacraments Received:      Baptism Catholic Reconciliation First Eucharist Confirmation  
Add date of sacraments if known    Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_                      Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_                      Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Racial Group: \_\_\_\_\_

# The Cathedral of the Immaculate Conception Tithe/Pledge Card

*“I have come not to be served but to serve”*

As an expression of thanks to for God’s gifts to me my tithe/pledge to the Cathedral of the Immaculate Conception for the upcoming year will be

\$ \_\_\_\_\_

This amount will be paid by check or cash as follows:

\$ Per week \$ \_\_\_\_\_ \$ Per Month \$ \_\_\_\_\_

\$ Quarterly \$ \_\_\_\_\_ \$ Annually \$ \_\_\_\_\_

I will pay my tithe pledge by automatic debit from my bank account.  Yes  No

If YES, complete information below

I wish to pay by automatic withdrawal from my  Checking Account  Savings Account

Routing Number

Account Number

Annual Income	5% gift weekly	7% gift weekly
\$10.000	\$10	\$13
\$15.000	\$14	\$20
\$20.000	\$19	\$27
\$25.000	\$24	\$34
\$30.000	\$29	\$40
\$40.000	\$38	\$54
\$50.000	\$48	\$67
\$60.000	\$58	\$81
\$75.000	\$72	\$101
\$90.000	\$87	\$121
\$100.000	\$96	\$135

Working toward 10% giving to the Cathedral from combined income (rounded to the nearest dollar)

- Please make my withdrawals
- Weekly Monday
  - Monthly on the 1<sup>st</sup>
  - Monthly on the 15<sup>th</sup>
  - Monthly on the 20<sup>th</sup>
  - Monthly on the 25<sup>th</sup>

**I authorize the Cathedral church to process debit entries to my account. I understand that this authorization will remain in effect until I provide reasonable notification to terminate the authorization**

Sign your name : \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail/email or deliver to:**

The Cathedral of the Immaculate Conception  
416W 12<sup>th</sup> Street, Kansas City, MO 64105

**(IF YOU CHOSE TO HAVE AUTOMATIC WITHDRAWALS PLEASE ATTACH A VOIDED CHECK)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (include area code) \_\_\_\_\_