



REGISTRATION FORM

Welcome to our Parish. We hope our community will be a place that nourishes your life and faith. We welcome your presence, your talents, your prayers and your time.

(Please PRINT clearly)

Date: _____

FAMILY & GIVEN NAMES (To appear on tax receipt): Mr. Mr. & Mrs. Mrs. Ms.

ADDRESS: _____

Apt.#, Street Number and Street Name

City

Postal Code

HOME PHONE NUMBER: _____

SINGLE MARRIED WIDOW/WIDOWER

Husband's Name: _____ Date of Birth (YR/MM/DY): _____

Husband's email address: _____ Cell-phone: _____

Wife's Name: _____ Date of Birth (YR/MM/DY): _____

Wife's email address: _____ Cell-phone: _____

MARRIAGE: _____

Church/Parish

City

Date

NAMES OF CHILDREN: *Please list additional children on back of sheet

(1) _____ M / F

(2) _____ M / F

(3) _____ M / F

Name(s)

Date of Birth (YR/MM/DY)

OFFERTORY ENVELOPES REQUESTED Envelope # _____

Would you like to be on the parish email list? _____ Y / N

FOR OFFICE USE: Also registering for Faith Formation Baptism Marriage