



PARISHIONER REGISTRATION FORM

**FOR OFFICE
USE**

Date rec'd _____

Env # _____

PERSON #1 (primary) Name on tax receipt Y / N		PERSON #2 Name on tax receipt Y / N	
SURNAME	<input type="text"/> M/F	SURNAME	<input type="text"/> M/F
GIVEN NAME(S)		GIVEN NAME(S)	
DATE OF BIRTH (mm/dd/yyyy)		DATE OF BIRTH (mm/dd/yyyy)	
ARE YOU CATHOLIC? Yes <input type="checkbox"/> No <input type="checkbox"/>		ARE YOU CATHOLIC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
WHAT SACRAMENTS HAVE YOU RECEIVED? Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		WHAT SACRAMENTS HAVE YOU RECEIVED? Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	
MARITAL STATUS (everyone is welcome regardless of marital status) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/>		MARITAL STATUS (everyone is welcome regardless of marital status) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/>	
CONTACT INFORMATION	ADDRESS:		
	CITY/TOWN & POSTAL CODE:		
	PHONE: (home)		(cell)
	EMAIL ADDRESS:		

PLEASE COMPLETE THIS SECTION (if applicable):

CHILD'S FULL NAME	M/F	DATE OF BIRTH (mm/dd/yyyy)	DATE/PLACE OF BAPTISM	DATE/PLACE 1ST COMMUNION	DATE/PLACE CONFIRMATION

"We are God's people, the flock of the Lord!"