

PARISH REGISTRATION FORM

Holy Angels' _____ Our Lady of Sorrows _____ St. Anne's _____ St. Mary's-St. Helen's _____
 (519) 631-3052 (519) 773-8582 (519) 631-3640 (519) 768-1813

Registration Date: _____

FAMILY INFORMATION (PLEASE PRINT)

Last Name:	
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	
Would you like to use our Pre-Authorized program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OR Would you like to receive Sunday Envelopes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIMARY CONTACT INFORMATION

First Name:	
Last Name: (maiden name)	
Date of Birth: Month: Day: Year:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Common Law	
Sacraments received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage Date Married: _____ Where Married: _____	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (specify): _____	
Are you new to the neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you transferring from another parish? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which parish? _____	

SPOUSAL INFORMATION

First Name:	
Last Name: (maiden name)	
Date of Birth: Month: Day: Year:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Common Law	
Sacraments received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (specify): _____	

PARISH REGISTRATION FORM

Holy Angels' _____ Our Lady of Sorrows _____ St. Anne's _____ St. Mary's-St. Helen's _____
 (519) 631-3052 (519) 773-8582 (519) 631-3640 (519) 768-1813

FIRST CHILD

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (specify): _____	

SECOND CHILD

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (specify): _____	

THIRD CHILD

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (specify): _____	

FOURTH CHILD

First Name:	Middle Name:
Last Name:	
Date of Birth: Month: Day: Year:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
Sacraments received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (specify): _____	