REGISTRATION FORM

Please Print Clearly

Part A: For Non-Registered Users – First Time to Parish ENVELOPE No.: _____ ENVELOPE YEAR: _____ OFFICE INITIALS: ____ Today's Date: (dd/mm/yyyy) Please choose the salutation that applies to you: \square Mr. \square Mrs. \square Ms. Name _____ First Middle Last \square Mr. \square Mrs. \square Ms. Name of Spouse: ____ First Middle (Maiden) Street Address: Apt/Unit # _____ City: _____ Postal Code: _____ Phone: Home: _____ Cell: ____ Email Address: **CHILDREN (UNDER 21) LIVING AT HOME:** (WE RECOMMEND THAT CHLDREN OVER 21 LIVING AT HOME REGISTER ON THEIR OWN) NAME :______(M/F) DATE OF BIRTH: D__M___Y___ NAME : ______(M/F) DATE OF BIRTH: D__M___Y___ NAME :______(M/F) DATE OF BIRTH: D__M__Y___ NAME : ______ (M/F) DATE OF BIRTH: D__M__ Y____

Parishioner's Signature: