



# PARISH REGISTRATION FORM

Today's Date: \_\_\_\_\_

Welcome To Our Parish Family! Our parish community is happy to have you worship with us. In order to be of service to you, the All Saints parish team would like to know who you are. Please take a moment to fill out our Registration Form and place it in the collection basket or bring it to the Parish Office. All information provided is kept in the strictest confidence.

## Family Information (Please Print)

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Which Sunday Mass does your family usually attend?

5:00pm (Sat) Assumption

7:30am (Sun) St. Basil's

11:00am (Sun) St. Basil's

7:00pm (Sat) St. Basil's

9:00am (Sun) Assumption

6:00pm (Sun) Assumption

## Family Member

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_  M  F

Last Name (if different than above): \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Religion: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Separated  Divorced

## Spouse (if applicable)

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_  M  F

Last Name (if different than above): \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Religion: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Children's Names

Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  M  F \_\_\_\_\_

\_\_\_\_\_  M  F \_\_\_\_\_

\_\_\_\_\_  M  F \_\_\_\_\_

\_\_\_\_\_  M  F \_\_\_\_\_

Would you like collection envelopes?  Yes  No

Would you like someone to contact you in regards to automatic withdrawal?  Yes  No

Would you like someone to contact you about volunteering at our parish?  Yes  No