

PARISH REGISTRATION FORM

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

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? Yes No

OR Would you like to receive Sunday Envelopes: Yes No

PRIMARY CONTACT INFORMATION

First Name:

Last Name: (maiden name)

Date of Birth: Month:

Day:

Year:

Gender: Female Male

Marital Status: Single Married Widowed Separated / Divorced

Common Law

Sacraments received in the Catholic Church:

None Baptism Eucharist Penance Confirmation Marriage

Date Married: _____ Where Married: _____

Religion: Roman Catholic Other (specify): _____

Are you new to the neighborhood? Yes No

Are you transferring from another parish? Yes No

If so, which parish? _____

SPOUSAL INFORMATION

First Name:

Last Name: (maiden name)

Date of Birth: Month:

Day:

Year:

Gender: Female Male

Marital Status: Single Married Widowed Separated / Divorced

Common Law

Sacraments received in the Catholic Church: None Baptism Eucharist

Penance Confirmation Marriage

Religion: Roman Catholic Other (specify): _____

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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): _____					