



## PARISH REGISTRATION INFORMATION

Family Name:				
Box #	Street Address	Town	Postal Code	Telephone
Email:				

First Name (M/F)	Marital Status (S/M/W)	Date of Birth (mm/dd/yyyy)	Religion	Baptized (Y/N)	Confirmed (Y/N)
First Name (M/F)	Marital Status (S/M/W)	Date of Birth (mm/dd/yyyy)	Religion	Baptized (Y/N)	Confirmed (Y/N)

Children's Full Name: (M/F)	Date of Birth (mm/dd/yyyy)	Date & Place of Baptism	Sacraments Received check all that apply
			<input type="checkbox"/> First Communion
			<input type="checkbox"/> Reconciliation
			<input type="checkbox"/> Confirmation
			<input type="checkbox"/> First Communion
			<input type="checkbox"/> Reconciliation
			<input type="checkbox"/> Confirmation
			<input type="checkbox"/> First Communion
			<input type="checkbox"/> Reconciliation
			<input type="checkbox"/> Confirmation
			<input type="checkbox"/> First Communion
			<input type="checkbox"/> Reconciliation
			<input type="checkbox"/> Confirmation

☐ Separate School \_\_\_\_\_  
(Name of School/s)

☐ Public School \_\_\_\_\_  
(Name of School/s)

☐ I would like information about the convenience of pre-authorized pay for my weekly donation.