

CONFIDENTIAL PARISH REGISTRATION FORM

NAME OF PARISH: ST. ANN'S PARISH <input type="checkbox"/> ST. PATRICK PARISH <input type="checkbox"/> PAROISSE STE. CROIX <input type="checkbox"/>	
FAMILY LAST NAME:	PHONE NO.:
MAILING ADDRESS:	MARITAL STATUS: SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
CITY & PROVINCE:	IF MARRIED:
POSTAL CODE:	CATHOLIC CHURCH: YES <input type="checkbox"/> NO <input type="checkbox"/>
E-MAIL ADDRESS:	NON-CATHOLIC CHURCH: YES <input type="checkbox"/> NO <input type="checkbox"/>
WOULD YOU LIKE DONATION ENVELOPES?: YES <input type="checkbox"/> NO <input type="checkbox"/>	CIVIL CEREMONY: YES <input type="checkbox"/> NO <input type="checkbox"/>
PREFERRED MASS TIME:	
SAT. 5:00PM <input type="checkbox"/> SUN. 9:00AM <input type="checkbox"/> SUN. 10:30AM <input type="checkbox"/> NO PREFERENCE <input type="checkbox"/>	

						SACRAMENTS COMPLETED (please check all that apply)		
	FIRST NAME	LAST NAME (if different from family name) or MAIDEN NAME	BIRTHDATE	MALE/ FEMALE	OCCUPATION OR SCHOOL	BAPTISM	FIRST COMMUNION	CONFIRMATION
ADULT								
ADULT								
CHILD								
CHILD								
CHILD								
CHILD								

PARISH MINISTRIES: The strength our parishes is based on the commitment of parishioners to its many ministries. Please check each of the areas below that may be of interest to you or to a family member.

- | | | |
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| <input type="checkbox"/> Extraordinary Minister of Communion
<input type="checkbox"/> Minister of Hospitality (Usher)
<input type="checkbox"/> Minister of the Word (Lector)
<input type="checkbox"/> Minister of the Altar (Altar Server) | <input type="checkbox"/> Youth Ministry Team Member
<input type="checkbox"/> Choir Member
<input type="checkbox"/> Sacramental Team (children)
<input type="checkbox"/> St. Vincent de Paul Society/Food Bank | <input type="checkbox"/> Ladies of St. Ann
<input type="checkbox"/> Daughters of Isabella
<input type="checkbox"/> Knights of Columbus
<input type="checkbox"/> Other: _____ |
|---|--|---|

Office Use Only: Date Received & Entered:	Envelope Number Assigned:
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