

PLEASE PRINT

PARISH REGISTRATION FORM
CONFIDENTIAL

ST. AUGUSTINE'S CHURCH

ST. LAWRENCE O'TOOLE CHURCH

OUR LADY OF MERCY

Your Name: _____ Date of Birth (M-D-Y): _____ Religion: _____

Address: _____ City/Province: _____ Postal Code: _____

Email Address: _____ Home Phone: _____

Your Occupation: _____ Work Phone: _____

Cell Phone: _____ Language Preference: English French

Husband/Wife/Partner: _____ Date of Birth (M-D-Y): _____ Religion: _____

Their Occupation: _____ Work Phone: _____

Cell Phone: _____ Language Preference: English French

Maiden Name of Wife/Partner (if applicable): _____ Marital Status: _____

Would you like parish contribution envelopes?: Yes No

Please complete the following for each child:

B: Baptism E: Eucharist R: Reconciliation C: Confirmation	Please check if each child has received the following:			
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Name of Child	Sex	Date of Birth (M-D-Y)	Language: English or French	Faith Dev. Level (if applicable)	School/Occupation	B	E	R	C

Do you feel the church is meeting your needs? If not, why not? _____

Can you suggest how we might improve our services? _____

Are there areas in which you may be interested in offering your services? For example: liturgical ministries, faith development, youth ministry, social activities?