

(\*)Date: \_\_\_\_\_

**St. Christopher's Parish Registration Form**

Phone: 905-822-1171 Fax: 905-822-1311

(\*)Last Name: \_\_\_\_\_

(\*)First Name: \_\_\_\_\_

(\*)Religion: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Religion: \_\_\_\_\_

(\*)Address: \_\_\_\_\_

(\*)Postal Code: \_\_\_\_\_

(\*)Phone #: \_\_\_\_\_

cell #: \_\_\_\_\_

email: \_\_\_\_\_

**Children & Birth dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in Parish Offertory envelopes? ( ) Yes ( ) No

Are you interested in volunteering at St. Christopher's? ( ) Yes ( ) No ( ) I'll think about it

(\*) Mandatory Fields