



ST. SIMON & ST. JUDE PARISH
 488 ST. CHARLES ST • BOX 130 • BELLE RIVER ON • N0R 1A0

REGISTRATION FORM

PLEASE NOTE: All information is confidential and for parish use only. PLEASE PRINT CLEARLY.

GENERAL INFORMATION

FAMILY SURNAME _____ **SALUTATION:**
 Mr & Mrs__ Mr__ Mrs__ Miss__ Ms__

ADDRESS _____
 (House Number) (Street Name) (P.O. Box/R.R. #/SS#)

 (Town/City) (Postal Code)

 (Phone Number) (Work Number) (e-mail)

Male Member

Female Member

NAME _____

Maiden name: _____

DATE OF BIRTH _____
 Month Day Year

 Month Day Year

RELIGION _____

SACRAMENTAL INFORMATION

BAPTISM _____
 Month Day Year

 Month Day Year

CHURCH OF BAPTISM _____

CONFIRMATION _____
 Month Day Year

 Month Day Year

 Church

 Church

MARRIAGE _____
 Month Day Year

 Church

Common-Law____ **Widowed** ____ **Separated** ____ **Divorced** ____ **Single** ____

CHILDREN

LIVING AT HOME

NAME	M/F	D.O.B M/D/Y	BAPTISM M/D/Y	PARISH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL INFORMATION

Your parish runs solely on contributions from parishioners.

Do you intend on using Sunday Offering Envelopes? YES NO

If you prefer making a Direct Deposit, please fill out the attached Pre-Authorized Deductions Form.

PARISH INVOLVEMENT

Are you interested in getting involved in a parish organization or Ministry?
Please list any areas in which you would like to volunteer.

You may bring the completed form to the Parish Office between 9 am & 3 pm, Tuesday through Friday. Or you may wish to place it in the Collection Basket on Sunday.