Sacred Heart Parish

23 Strathmore Lakes Way, Strathmore, AB T1P 1L7
Telephone: 403-934-2641 Email: sacredhc@shaw.ca

Parish Registration

Date: _____

Family Surname: _____

Mailing Address: _____
Postal Code

Other Address: _____

Phone No.: _____ **Other No.:** _____

Email: _____

Offertory Envelopes: (●) Yes ( ) No **Envelope No.** _____ (To be completed by the Office)

Create Tax Receipt in the name of: _____

*Please fill-in and check the applicable boxes

First Name	Middle Name	Date of Birth			Religion		Baptized		Confirmed	
		YYYY	MM	DD	RC	Other	YES	NO	YES	NO
☐Male ☐Husband ☐Father					☐	☐	☐	☐	☐	☐
☐Female ☐Wife ☐Mother					☐	☐	☐	☐	☐	☐
Maiden Name										
Child ☐BOY ☐GIRL					☐	☐	☐	☐	☐	☐
Child ☐BOY ☐GIRL					☐	☐	☐	☐	☐	☐
Child ☐BOY ☐GIRL					☐	☐	☐	☐	☐	☐
Child ☐BOY ☐GIRL					☐	☐	☐	☐	☐	☐
Child ☐BOY ☐GIRL					☐	☐	☐	☐	☐	☐
Child ☐BOY ☐GIRL					☐	☐	☐	☐	☐	☐