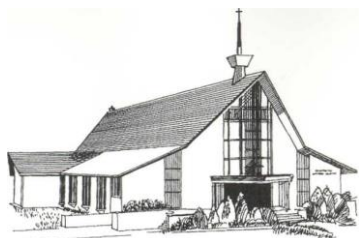


St. Aloysius Parish Registration Form



11 Traynor Avenue, Kitchener N2C 1W1
 Phone: 519-893-1220 Fax: 519-893-1221

e-mail: info@staloysius.on.ca
 Web site: www.staloysius.on.ca

Parish Mission Statement:

To be a welcoming community that gathers to worship, grow in faith and offer education and support to meet the needs of our diverse population.

New to the parish Never registered Already registered – please update our records

FAMILY INFORMATION (Please print)

| | | |
|---------------|-------|--------------|
| Last Name: | | |
| Home Address: | | |
| Apt. No: | City: | Postal Code: |
| Home Phone: | | |

PRIMARY CONTACT INFORMATION

| | |
|---|--|
| Would you like to receive Sunday Envelopes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Receive | |
| Preferred Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: | |
| First Name: | Middle Name: |
| Last Name: | Occupation: |
| E-mail address: | |
| Date of Birth: Month: Day: Year: | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced | |
| Date of Marriage (day/month/year) | |
| Place of Marriage (name of Church) | Denomination: |
| City/Province/State: | |
| Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage | |
| Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other: | |
| Name to be printed on tax receipts: <input type="checkbox"/> Same as above or: | |
| Name to be printed on mailing labels: <input type="checkbox"/> Same as above or: | |

Languages (other than English) spoken at home:

| SPOUSE/PARTNER INFORMATION | |
|---|--|
| Preferred Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: | |
| First Name: | Middle Name: |
| Last Name: | Occupation: |
| E-mail address: | |
| Date of Birth: Month: Day: Year: | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Marital Status: : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced | |
| Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage | |
| Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other: | |

Children over the age of 18 and living at home, are encouraged to fill out a separate Registration Form.

| FIRST CHILD (Under 18) | |
|---|--|
| First Name: | Middle Name: |
| Last Name: | Occupation: |
| E-mail address: | |
| Date of Birth: Month: Day: Year: | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: | |
| Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage | |
| Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other: | |

| SECOND CHILD (Under 18) | |
|---|--|
| First Name: | Middle Name: |
| Last Name: | Occupation: |
| E-mail address: | |
| Date of Birth: Month: Day: Year: | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Relationship to Primary Contact: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: | |
| Sacraments Received in the Catholic Church: <input type="checkbox"/> None <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage | |
| Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other: | |

Please return this completed form to the parish office, or drop in the collection basket.
THANK YOU FOR YOUR ASSISTANCE IN KEEPING THE PARISH RECORDS UP TO DATE.

DATE ENTERED: _____

Notes:
