



**PARISHIONER REGISTRATION FORM**

Previous Parish: \_\_\_\_\_ Have you notified you are changing parish? \_\_\_\_\_

Address: Apt. Unit #	Street #	Street	Home Phone: ( )
Postal	City	Province	P.O. BOX

Legal Surname	MEMBER #1	MEMBER #2
Legal Given Name		
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. Other: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. Other: _____
Date of Birth (D/M/Y)	( Day/ Month / Year )	( Day/ Month / Year )
Relationship to Member 1	N/A	
E-Mail Address	@	@
Cell Phone	( )	( )
Preferred method of donation	<input type="checkbox"/> Envelope _____ <input type="checkbox"/> Pre—Authorized Giving (Direct Debit) <input type="checkbox"/> Credit Card	<input type="checkbox"/> Envelope _____ <input type="checkbox"/> Pre—Authorized Giving (Direct Debit) <input type="checkbox"/> Credit Card
To whom would you like the tax receipt issued for?	<input type="checkbox"/> Member 1 <input type="checkbox"/> Member 2 <input type="checkbox"/> Both	<input type="checkbox"/> Member 1 <input type="checkbox"/> Member 2 <input type="checkbox"/> Both

For mailing purposes how would you like to be addressed? \_\_\_\_\_

Religion	MEMBER #1	MEMBER #2
Occupation		
Marital Status	Catholic Church Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	

**If Catholic Please Provide us with the following information (If Known):**

Date of Baptism	( Day/ Month / Year )	( Day/ Month / Year )
Location of Baptism	PLACE	CHURCH      PLACE
Date of Confirmation	( Day/ Month / Year )	( Day/ Month / Year )
Location of Confirmation	CHURCH / PLACE	CHURCH / PLACE
Date of Catholic Marriage	( Day/ Month / Year )	( Day/ Month / Year )
Location	CHURCH / PLACE	CHURCH / PLACE

<b>Office use only:</b> Member Type: _____ Registration type: _____
Date Registered: _____ Staff Name: _____

**PLEASE TURN THE PAGE TO PROVIDE MORE INFORMATION →**

## Children/Other Household Members

Legal Surname	1	2	3	4
Legal Given Name				
Date of Birth (D/M/Y)	( Day/ Month / Year )	( Day/ Month / Year )	( Day/ Month / Year )	( Day/ Month / Year )
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Member 1				

Religion	1	2	3	4
School				
Grade				

**If Catholic Please Provide us with the following information (If Known):**

Sacraments	Baptized <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmed <input type="checkbox"/>	Baptized <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmed <input type="checkbox"/>	Baptized <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmed <input type="checkbox"/>	Baptized <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmed <input type="checkbox"/>
Date of Baptism	( Day/ Month / Year )	( Day/ Month / Year )	( Day/ Month / Year )	( Day/ Month / Year )
Location of Baptism	CHURCH PLACE	CHURCH PLACE	CHURCH PLACE	CHURCH PLACE
Date of Confirmation	( Day/ Month / Year )	( Day/ Month / Year )	( Day/ Month / Year )	( Day/ Month / Year )
Location of Confirmation	CHURCH PLACE	CHURCH PLACE	CHURCH PLACE	CHURCH PLACE

**SOCIAL MEDIA :**



**Are you currently volunteering for our parish?**     Yes     No

**If you are, which ministry?** \_\_\_\_\_

**If you aren't would you like information about volunteering in the church?**

Yes

Not at this time.

The Archdiocese of Toronto is committed to protecting personal information of the members of the Catholic churches located within its jurisdiction ("Parishioners") and of individuals who contribute ("Donors") to the Catholic Church and the Archdiocesan related charities.

I certify that the information provided on this Parishioner Registration Form is true and complete. I understand that this information will remain confidential and is property of the Parish/Archdiocese of Toronto.