



# Holy Rosary Church ♦ Toronto

## REGISTRATION FORM

*FOR OFFICE USE*

Date: \_\_\_\_\_  
 Booklet Sent:   
 Email  Snail Mail

PRIMARY MEMBER	SPOUSE
<b>SURNAME:</b>	<b>SURNAME:</b>
<b>GIVEN NAME:</b>	<b>GIVEN NAME:</b>
<b>Date of Birth (dd/mm/yy)</b>	<b>Date of Birth (dd/mm/yy)</b>
<b>Which Sacraments have you received?</b> <input type="checkbox"/> Catholic Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Non-Catholic Baptism <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable	<b>Which Sacraments have you received?</b> <input type="checkbox"/> Catholic Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Non-Catholic Baptism <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable

CONTACT INFORMATION			
<b>Address:</b>			
Apt	Street	City	Postal Code
<b>Telephone:</b> Home	Work	Cell	
<b>Email(s):</b>		<b>Occupation:</b>	

PLEASE FILL IN FOR YOUR CHILDREN					
Child's Full Name	Date of Birth (dd/mm/yy)	M/F	Please check the sacraments received and indicate parish		
			Baptism	First Communion	Confirmation
1.					
2.					
3.					
4.					
5.					

***I am interested in more information about the following parish activities:***

<input type="checkbox"/> African Kenya Project	<input type="checkbox"/> Development and Peace	<input type="checkbox"/> Lectors	<input type="checkbox"/> ShareLife Committee
<input type="checkbox"/> Altar Servers	<input type="checkbox"/> Eucharistic Ministers	<input type="checkbox"/> Marriage Preparation	<input type="checkbox"/> Special Events Committee
<input type="checkbox"/> Baptism Preparation	<input type="checkbox"/> Flower Guild	<input type="checkbox"/> Out of the Cold	<input type="checkbox"/> St. Vincent de Paul
<input type="checkbox"/> Catechetical Program	<input type="checkbox"/> Good Shepherd Committee	<input type="checkbox"/> Parish Centre	<input type="checkbox"/> Ushers
<input type="checkbox"/> Catholic Women's League (CWL)	<input type="checkbox"/> Homework Club	<input type="checkbox"/> Pastoral Care Team	<input type="checkbox"/> Welcoming Committee
<input type="checkbox"/> Choirs	<input type="checkbox"/> Interfaith Committee	<input type="checkbox"/> Property Committee	<input type="checkbox"/> Jr. Youth/Mission:BLT
		<input type="checkbox"/> RCIA	<input type="checkbox"/> Sr. Youth Group

Please select one of the following options for your Sunday offering:

I would like to use the Pre-Authorized Giving Plan (please fill out the attached form)

I would like to use weekly Envelopes (please bring this form to the office to receive your envelopes): Env#: \_\_\_\_\_

In whose name(s) would you like your income tax receipt to be issued? \_\_\_\_\_

Please indicate your preferred method of correspondence:  Email                       Snail Mail

**WE WARMLY WELCOME YOU TO THE HOLY ROSARY COMMUNITY!**