



PARISH REGISTRATION FORM

You can complete this form online then click the "Submit" button or print it, fill it in and drop it off at the Parish Office

FOR OFFICE USE

Date: _____
 Booklet Sent:
 Email Snail Mail

PRIMARY MEMBER	SPOUSE
SURNAME:	SURNAME:
GIVEN NAME:	GIVEN NAME:
Date of Birth (dd/mm/yy)	Date of Birth (dd/mm/yy)
Which Sacraments have you received? <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	Which Sacraments have you received? <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			
Street Address:	Apt:	City:	Postal Code:
Telephone: Home:	Primary Cell:	Spouse Cell:	
Primary E-mail:	Spouse E-mail:		
Primary Occupation:	Spouse Occupation:		

FAMILY INFORMATION (Dependents)					
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.					

I am interested in more information about the following Parish activities:

- | | | | |
|---|--|-----------------------|---|
| <input type="checkbox"/> Lectors | <input type="checkbox"/> ShareLife Committee | Development & Peace | <input type="checkbox"/> Saturday 5:00 PM Choir |
| <input type="checkbox"/> Altar Servers | <input type="checkbox"/> Marriage Preparation | Baptism Preparation | <input type="checkbox"/> Sunday 10:00 AM Choir |
| <input type="checkbox"/> Homework Club | <input type="checkbox"/> Eucharistic Ministers | Eucharistic Adoration | <input type="checkbox"/> Out-of-the-Cold Program |
| <input type="checkbox"/> Catechetical Program | <input type="checkbox"/> Flower Guild | Saint Clare Circle | <input type="checkbox"/> Society of St. Vincent de Paul |
| <input type="checkbox"/> Ushers | <input type="checkbox"/> Knights of Columbus | World Day of Prayer | <input type="checkbox"/> Communion to Shut-Ins |
| <input type="checkbox"/> Interfaith Committee | <input type="checkbox"/> Rite of Christian Initiation of Adults (RCIA) | | <input type="checkbox"/> Volunteer Screening Committee |

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

I would like to use the Pre-Authorized Giving Plan (P.A.G. Form can be picked up or (e)mailed to you)

I would like to use weekly Envelopes (please bring this form to the Parish Office to receive your envelopes):
 Envelope Number: _____

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

I would like to receive Holy Rosary's Weekly Bulletin/Important News by E-mail: Yes Not Right Now

WE WARMLY WELCOME YOU TO THE HOLY ROSARY COMMUNITY!
 Should you have any questions, please contact the Parish Office at (416) 923-8471 / office@holyrosary.ca