



PARISH REGISTRATION FORM

You can complete this fillable pdf form on screen then email it to office@holyrosary.ca or print it 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