

Name	Sex M/F	Birthdate Day/Month/Year	Languages Spoken	Religion	Sacraments Received	Occupation/ School	Desire information on the following Activities
Applicant							
Spouse							
Children at home							

Notes: Fill in the above using the guide below.

For Occupation/School give current occupation or the school if still studying.

**Religion:**

1. Roman Catholic
2. Lutheran
3. Anglican
4. Mennonite
5. United
6. Not-Baptized
7. Presbyterian
8. Baptist
9. Other (Please list)

**Sacraments Received:**

1. Baptism
2. Reconciliation
3. Eucharist
4. Confirmation
5. Marriage

**Volunteer Activities at Church:**

1. Altar Server
2. Altar Society
3. Catechesis of the Good Shepherd
4. Children's Liturgy Leader
5. Choir
6. Catholic Women's League
7. Church Decorating Committee
8. Development & Peace
9. Eucharistic Minister
10. Eucharistic Minister to the Homebound

11. Eucharistic Minister to Hospital
12. Funeral Luncheon helper
13. Funeral Ministers
14. Gift Bearer at Sunday Liturgy
15. Health & Wellness Cmte
16. Hospitality Minister (Usher)
17. Lector
18. Marathon Bridge
19. Musician at Sunday Liturgy
20. Parents for Community Living
21. Prayer Network
22. Prayer Shawl Ministry

23. RCIA Sponsor
24. RCIA Team
25. St. Vincent de Paul Society
26. Ignite Youth Grp Member (Grades 4-8)
27. Ignite Youth Group Leader

We thank you for your cooperation in filling out this form. If you have any comments please write them below.

COMMENTS:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Thank you for registering at St. Francis Parish. This information will help us welcome you into our parish and serve your needs. Be assured that the personal information will be kept confidential.

Please place the completed form in the accompanying envelope. Return the envelope to the parish using the Sunday Collection basket, the mail or dropping it off at the parish office.



St. Francis of Assisi Parish

49 Blueridge Ave. Kitchener N2M 4E2 519-745-7301 www.stfranciskw.ca



PARISH REGISTRATION FORM

DATE REGISTERED IN THE PARISH \_\_\_ Day \_\_\_ Month \_\_\_ Year

Family Surname: \_\_\_\_\_

Mr. \_\_\_\_\_ (First Name)

Ms. Mrs. Miss \_\_\_\_\_ (Circle Title) (First Name)

Address: \_\_\_\_\_ (Street Address) (P.O. Box) (Apt. N.)

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Is your Number Unlisted? Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_

Current Marital Status: (Date of Marriage) \_\_\_ Day \_\_\_ Month \_\_\_ Year (Circle One)

- 1. Roman Catholic Marriage 2. Mixed Religion Marriage
3. Widowed 4. Married outside Church
5. Separated 6. Divorced
7. Common Law 8. Single

Do you wish Offertory Envelopes? Yes \_\_\_ No \_\_\_

Do you wish to sign up for Pre-Authorized Giving? Yes \_\_\_ No \_\_\_

OFFICE USE ONLY
ENVELOPE NUMBER \_\_\_\_\_ COMPUTER Reg. Done \_\_\_\_\_