

# PARISH REGISTRATION FORM

REGISTRATION DATE \_\_\_\_\_

Home Ph. # (\_\_\_\_) \_\_\_\_\_

Work Ph. # (\_\_\_\_) \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

Envelope # \_\_\_\_\_

OTHERS MEMBERS IN THE FAMILY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HAVE YOU BEEN INVOLVED IN ANY OF THE FOLLOWING MINISTRIES?

(Please Check Off)

- |  |  |
|--|--|
| <input type="checkbox"/> Lector                | <input type="checkbox"/> Catechist       |
| <input type="checkbox"/> Choir                 | <input type="checkbox"/> Usher           |
| <input type="checkbox"/> Minister of Communion | <input type="checkbox"/> Marriage Course |
| <input type="checkbox"/> Children Liturgy      | <input type="checkbox"/> Altar Server    |
| <input type="checkbox"/> Baptism Preparation   | <input type="checkbox"/> Other _____     |

## DO YOU LIKE TO BE INVOLVED IN ONE OF THE FOLLOWING MINISTRIES

(Please Check Off)

- |  |  |
|--|--|
| <input type="checkbox"/> Lector                | <input type="checkbox"/> Catechist       |
| <input type="checkbox"/> Choir                 | <input type="checkbox"/> Usher           |
| <input type="checkbox"/> Minister of Communion | <input type="checkbox"/> Marriage Course |
| <input type="checkbox"/> Children Liturgy      | <input type="checkbox"/> Others _____    |
| <input type="checkbox"/> Baptism Preparation   |  |