

Immaculate Conception Parish

300 ANSLEY GROVE RD., WOODBRIDGE, ONTARIO L4L 3W4

TELEPHONE: 905 856-2205 FAX: 905 850-5589

PARISH REGISTRATION FORM

Welcome to Immaculate Conception Parish! Please complete this form and return it to the Parish office.

Date of Registration: _____

I. PERSONAL INFORMATION

Last Name: _____ First Name: _____

Marital Status: Single Married Widow Engaged (indicate fiancé/e's name in Part II)

Address: _____

Apartment/Unit/House #

Street

City

Postal Code

Contact information: _____

Home telephone

Cell/Work telephone

Email address

II. OTHER FAMILY MEMBERS/CHILDREN LIVING AT HOME

Name	Relationship
1.	
2.	
3.	
4.	

III. PARISH INVOLVEMENT

Our parish offers many opportunities for individuals and families to offer their talents and gifts for the good of the community. You/your family members may be interested in becoming involved in one of these ministries.

Please check the following ministries which you are interested in:

- Lector Choir member Eucharistic Minister Catechist Children's liturgy
 Usher Altar Server Knights of Columbus Catholic Women's League
 Baptismal Preparation Course Youth Group Marriage Preparation Course
 Social Ministry Decorating the Church for special occasions
 Other _____

IV. PARISH FINANCIAL SUPPORT

Many of our parishioners offer financial support to the parish to assist its work and mission in the community. Annual sets of "donation envelopes" are available, which may be dropped in the Sunday offering baskets at Mass. Your kind donation to the parish is greatly appreciated by all our parishioners. Income Tax receipts will be issued.

I would like to support the parish by using the Sunday offering envelopes.

Envelope number: _____ (to be provided by the Parish office)

To be completed by the office staff:

Date entered in PT: _____