## ST. PATRICK PARISH FAMILY REGISTRATION

Family Name		Date (d/m/y)								
Address	Apt./Unit									
City		Postal Code								
Phone # Hm Cell ( )	)			Alte	nate	Hm 🗖 Cell	<sup>Wk</sup> ( )			
E-mail Address					Envelope #					
Please consid	ler sı	upporting	the par	rish tl	roug	gh regula	ır contrik	outions	S.	
We have two options as	a me	eans to su	pport tl	he pai	rish?					
Would you like to receive a boxed set of Envel					opes				o No □	
Would you like to use Direct Debit (Automatic Withdrawal)								Ves [	o No □	
Please fill out the Direct Debit f	orm a	nd attach a v	oid chequ	e.		•				
Married  Widowed	Sepa	rated 📮 Di	ivorced [	Com	mon ]	Law 🗖 Si				
Please list the names of all who reside in your home.							Attend Usual Mass			
First and Last Name if different from the Family Name above					Birth <sub>d/m/y</sub>	Religion (Optional)	Sat. Spm	9am	11am	
Circle one : Mrs. Miss Ms.					Optional)					
Mr. Mrs. Miss Ms.										
Mr. Mrs. Miss Ms.										
Mr. Mrs. Miss Ms.										
Children's Name		Birth (d/m/y)	Religion I		m Cont	firmation	School	Grade	Attends Children's Liturgy	
	M/F									
	M/F M/F									
	M/F									
	M/F									
	M/F									