



ST MARY'S CATHOLIC CHURCH

51 Venison Street West, Tillsonburg, ON, N4G1V1 Phone: (519) 842-3224, Fax: (519) 660-7290, Email: stmarytils@dol.ca
Web: stmarys.dionet.ca, Facebook: "St-Marys-Parish-Tillsonburg"

New Parishioner Registration
 Registered Parishioner Information Update

PRIMARY MEMBER:

Mr. Mrs. _____ Sick/Shut-In
 Ms. Miss. (Last, First)

Birth Date: _____ (DD/MM/YY) Religion: Roman Catholic Other

Address: _____ Apt # / P.O. Box #: _____
(if rural - 911# required)

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____ E-mail: _____

OTHER ADULT MEMBER:

Mr. Mrs. _____ Sick/Shut-In
 Ms. Miss. (Last, First)

Relationship to Primary Member: Spouse Common Law Other: _____

Birth Date: _____ (DD/MM/YY) Religion: Roman Catholic Other

Address: _____ Apt # / P.O. Box #: _____
(if rural - 911# required)

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____ E-mail: _____

CHILDREN: (Living at home)

Name: _____ M F Name: _____ M F

Birth Date: _____ Birth Date: _____

School (Grade): _____ School (Grade): _____

Baptism: _____ (D/M/YY) Baptism: _____ (D/M/YY)

1st Communion: _____ (D/M/YY) 1st Communion: _____ (D/M/YY)

Confirmation: _____ (D/M/YY) Confirmation: _____ (D/M/YY)
(see reverse)

ADDITIONAL CHILDREN AND FAMILY MEMBERS: *(Living at home)*

Name, Relation: _____ M F

Name, Relation: _____ M F

Birth Date: _____

Birth Date: _____

School (Grade): _____

School (Grade): _____

Baptism: _____ (D/M/YY)

Baptism: _____ (D/M/YY)

1st Communion: _____ (D/M/YY)

1st Communion: _____ (D/M/YY)

Confirmation: _____ (D/M/YY)

Confirmation: _____ (D/M/YY)

PARISH LIFE:

I would like Offertory envelopes

or

I would like Direct Deposit

Tax Receipt Issued to: _____

Would you like any member of the pastoral team to contact you? Yes Not at this time

Regarding:

Is there any area of Parish activity which you would like information about?

FOR OFFICE USE ONLY:

DDMS

Envelope # _____ Fr. Tom

Colleen

Teena

D. Andre

D. Jack