



St. Mary's Mission Parish Registration Form

OFFICE USE ONLY

Date Input P/T: _____

Initials: _____

Welcome to St. Mary's Mission.

Date of Registration: _____

Envelope #: _____

PLEASE PRINT ALL INFORMATION

Applicant: _____
(Main Contact, Tax Recipient) Given Name Surname

Spouse _____
 Given Name Surname (if different from above)

Address: _____
 # Street Name Apt #

City Postal Code

Phone #: _____
 Home Cell Business Home Cell Business

Email: _____

Date of Marriage: _____ church civil

Place of Marriage _____
(include name and location of church)

	Baptized R.C.	Confirmed	Occupation
Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Children (living at home)

Name	Date of Birth	School
(given name, surname)	(dd/mm/yyyy)	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you interested in volunteering for any of the following ministries/activities?

- Children's Liturgy Eucharistic Minister Lector Music Ministry
 Minister of Hospitality/Usher Social Youth Group

PLEASE CONTACT PARISH OFFICE IF ANY OF THE ABOVE INFORMATION CHANGES