

Please Print Clearly

St. Michael's Parish

Date: _____

511 Cheapside Street, London, ON N5Y 3X5

Phone: 519-433-6689 Fax: 519-433-2301

New Parishioner Registration

Registered Parishioner Information Update

Name & City of Former Parish: _____

Primary Member (Occupation) _____

Mr. Ms.

Mrs. Miss

(First)

(Last)

Birth Date (DD/MM/YY)

Religion:

Roman Catholic

Other _____

Address _____

Apt # _____

Postal Code _____

Phone _____

E-mail _____

Other Adult Member (Occupation) _____

Mr. Ms.

Mrs. Miss

(First)

(Last)

Birth Date (DD/MM/YY)

Religion:

Roman Catholic

Other _____

Relationship to Primary Member

Spouse

Common Law

Other _____

Children (Living at home)

Male/Female

Birth Date
(DD/MM/YY)

Grade

School Attending

M or F

M or F

M or F

M or F

(Please use reverse side for additional family members)

I would like offertory envelopes

I would not like offertory envelopes

Tax Receipt Issued to: _____

Would you like any member of the pastoral team to contact you?

Yes (Fill in Regarding)

Not at this time

Regarding: _____

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

For Office Use Only: OPF _____ L _____ Envelope # _____ McC _____ Invite _____

Fr. Murray _____ Sr. Kathy _____ Lorne _____