

# St. Michael's Roman Catholic Church

## *Family Registration & Information Form*

**This form should be used for new registrations and any current information that requires updating.**  
**New      Update**

*All information provided is for the sole use of St. Michael's and remains strictly confidential.*

**PLEASE PRINT CLEARLY and COMPLETE BOTH SIDES**

### **FAMILY INFORMATION**

Family <u>Last Name</u> :	Home Address:
Home Phone Number: Unlisted: Yes    No	City and Postal Code:
Marital Status:	Language other than English spoken at home:
Date of Marriage: (MM/DD/YY) Denomination/Civil:	Church and/or place of marriage:
<b><u>PRIMARY CONTACT INFORMATION</u></b>	<b><u>SPOUSE INFORMATION</u></b>
(Please check one) Title: Dr.    Mr.    Mrs.    Miss.    Ms.	(Please check one) Title: Dr.    Mr.    Mrs.    Miss.    Ms.
<u>First Name</u> : (Please include surname if different than above)	<u>First Name</u> : (Please include surname if different than above)
Date of Birth: (MM/DD/YY)	Date of Birth: (MM/DD/YY)
Religion:	Religion:
Sacraments: Please check (√) if received Baptism    1 <sup>st</sup> Communion    Confirmation	Sacraments: Please check (√) if received Baptism    1 <sup>st</sup> Communion    Confirmation
Occupation:	Occupation:
Work Phone Number:    Cell Phone Number:	Work Phone Number:    Cell Phone Number:
E-mail Address:	E-mail Address:

## **CHILD(REN) INFORMATION**

**Children living at home over 18 years of age are asked to fill out their own Registration Form**

Name (s)	Male / Female	Date of Birth (MM/DD/YY)	Religion	Baptized Yes/No	First Communion	Confirmation Yes/No
1.						
2.						
3.						
4.						
5.						
6.						

## **ADDITIONAL INFORMATION**

<p>Would you like Offertory Envelopes? (Required for annual income tax receipt.)</p> <p>Yes    No</p> <p><b>If yes, your envelopes will be left at the ushers counter at the back of the church.</b></p>	<p>Would you like to be on pre-authorized payments? (This would only be for Sunday Contributions)</p> <p>Yes        No</p> <p>If yes, please attach a cheque marked "void" and fill in one of the amounts below.</p> <p>Weekly Amount _____ or Monthly Amount _____</p> <p>Weekly contributions will come out of your account on Monday and Monthly amounts come out of your account on the 12<sup>th</sup> of the month.</p>
<p>Is any family member confined to the home who would like to receive the sacraments?</p> <p>Yes        No</p>	<p>Would you like to volunteer in a ministry or program?</p> <p>Yes        No</p>

**Please return this completed form to the parish office or deposit it in the collection basket.**

If you would like further information or have any questions, please contact the parish office at 519-884-9311.

Email: [parish@stmichaelw.ca](mailto:parish@stmichaelw.ca)

Website: [www.stmichaelw.ca](http://www.stmichaelw.ca)

**THANK YOU FOR YOUR TIME AND HELP TO KEEP OUR PARISH RECORDS UP TO DATE.**

For office use only:	Date Received:	Entered into OPF:
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