



# OUR LADY OF THE ASSUMPTION PARISH

63 Highway 20 East, Stoney Creek, Ontario, Canada L8J 2W9 • 905 664-7651

## PARISH REGISTRATION FORM

Welcome to Our Lady of the Assumption Parish. We are very happy that you wish to become part of our parish family. Please take a few minutes to complete this form. The information you provided is strictly confidential and is used solely for the provision of pastoral care. It is not used for any commercial purposes.

### Personal Information

#### You

#### Your Spouse

First Name:		
Last Name:		
Maiden Name:		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth:	____ / ____ / ____ (DD/MM/YY)	____ / ____ / ____ (DD/MM/YY)
Occupation:		
Religion:		
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address	City:
Province:	Postal Code:
Home Phone:	Cell Phone:
Email:	

**Marital Status**

<input type="checkbox"/> Single	<input type="checkbox"/> Married (Catholic ceremony)	<input type="checkbox"/> Widowed
<input type="checkbox"/> Dating	<input type="checkbox"/> Married (non-Catholic ceremony)	<input type="checkbox"/> Divorced

I wish to discuss my marriage situation with a priest

**Family Information**

Child's Name <hr/> (If living at home)	Date of Birth <hr/> (DD/MM/YY)  Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No  Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No  School: _____
Child's Name <hr/> (If living at home)	Date of Birth <hr/> (DD/MM/YY)  Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No  Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No  School: _____
Child's Name <hr/> (If living at home)	Date of Birth <hr/> (DD/MM/YY)  Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No  Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No  School: _____
Child's Name <hr/> (If living at home)	Date of Birth <hr/> (DD/MM/YY)  Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No  Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No  School: _____
Child's Name <hr/> (If living at home)	Date of Birth <hr/> (DD/MM/YY)  Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No  Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No  School: _____

**SUNDAY OFFERING**

Our parish relies on the generosity of its member. Please consider contributing by Envelopes or Pre-Authorized Debit

**Envelopes** (The parish will notify you when your envelopes are ready for pickup)

**Pre-Authorized Debit** (The parish will mail you the Pre-Authorized Debit Form)



*Thank you for your generosity*