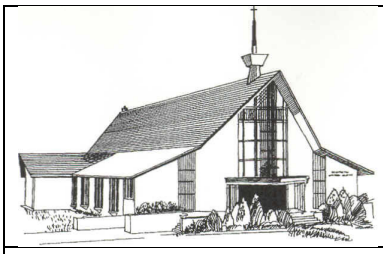

St. Aloysius Parish Registration Form

11 Traynor Avenue, Kitchener N2C 1W1
Phone: 519-893-1220 Fax: 519-893-1221
e-mail: info@staloysius.on.ca
website: www.staloysius.on.ca

Parish Mission Statement:
To be a welcoming community that gathers to worship, grow in faith and offer education and support to meet the needs of our diverse population.

❑ New to the parish ❑ Never registered ❑ Already registered – please update our records

FAMILY INFORMATION (Please print)		
Last Name:		
Home Address:		
Apt. No:	City:	Postal Code:
Home Phone:		

PRIMARY CONTACT INFORMATION	
Would you like to receive Sunday Envelopes? ❑ Yes ❑ No ❑ Already Receive	
Preferred Title: ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other:	
First Name:	Middle Name:
Last Name:	Occupation:
E-mail address:	
Date of Birth: Month: Day: Year:	Sex: ❑ Female ❑ Male
Marital Status: ❑ Single ❑ Married ❑ Widowed ❑ Separated/Divorced	
Date of Marriage (day/month/year)	
Place of Marriage (name of Church) City/Province/State:	Denomination:
Sacraments Received in the Catholic Church:❑ None ❑ Baptism ❑ First Communion ❑ Confirmation ❑ Marriage	
Religion: ❑ Roman Catholic ❑ Christian ❑ Other:	
Name to be printed on tax receipts: ❑ Same as above or:	
Name to be printed on mailing labels: ❑ Same as above or:	
Languages (other than English) spoken at home:	

SPOUSE/PARTNER INFORMATION	
Preferred Title: ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other:	
First Name:	Middle Name:
Last Name:	Occupation:
E-mail address:	
Date of Birth: Month: Day: Year:	Sex: ❑ Female ❑ Male
Marital Status: : ❑ Single ❑ Married ❑ Widowed ❑ Separated/Divorced	
Sacraments Received in the Catholic Church: ❑ None ❑ Baptism ❑ First Communion ❑ Confirmation ❑ Marriage	
Religion: ❑ Roman Catholic ❑ Christian ❑ Other:	

Children over the age of 18 and living at home, are encouraged to fill out a separate Registration Form.

FIRST CHILD (Under 18)	
First Name:	Middle Name:
Last Name:	Occupation:
E-mail address:	
Date of Birth: Month: Day: Year:	Sex: ❑ Female ❑ Male
Relationship to Primary Contact: ❑ Daughter ❑ Son ❑ Grandchild ❑ Other:	
Sacraments Received in the Catholic Church: ❑ None ❑ Baptism ❑ First Communion ❑ Confirmation ❑ Marriage	
Religion: ❑ Roman Catholic ❑ Christian ❑ Other:	

SECOND CHILD (Under 18)	
First Name:	Middle Name:
Last Name:	Occupation:
E-mail address:	
Date of Birth: Month: Day: Year:	Sex: ❑ Female ❑ Male
Relationship to Primary Contact: ❑ Daughter ❑ Son ❑ Grandchild ❑ Other:	
Sacraments Received in the Catholic Church: ❑ None ❑ Baptism ❑ First Communion ❑ Confirmation ❑ Marriage	
Religion: ❑ Roman Catholic ❑ Christian ❑ Other:	

THIRD CHILD (Under 18)	
First Name:	Middle Name:
Last Name:	Occupation:
E-mail address:	
Date of Birth: Month: Day: Year:	Sex: ❑ Female ❑ Male
Relationship to Primary Contact: ❑ Daughter ❑ Son ❑ Grandchild ❑ Other:	
Sacraments Received in the Catholic Church: ❑ None ❑ Baptism ❑ First Communion ❑ Confirmation ❑ Marriage	
Religion: ❑ Roman Catholic ❑ Christian ❑ Other:	

FOURTH CHILD (Under 18)	
First Name:	Middle Name:
Last Name:	Occupation:
E-mail address:	
Date of Birth: Month: Day: Year:	Sex: ❑ Female ❑ Male
Relationship to Primary Contact: ❑ Daughter ❑ Son ❑ Grandchild ❑ Other:	
Sacraments Received in the Catholic Church: ❑ None ❑ Baptism ❑ First Communion ❑ Confirmation ❑ Marriage	
Religion: ❑ Roman Catholic ❑ Christian ❑ Other:	

I/we understand that the information provided on this form is for the use of St. Aloysius Parish in providing pastoral care and will not be shared with any other organization.

PARISH INVOLVEMENT:

- Is any family member **confined to home**, or have **special needs**?..... ❑ Yes ❑ No
  If this person would like to receive the sacraments at home, please call the parish office (893-1220).

- Does anyone in the family have experience in **church ministry**
  (e.g. reader, eucharistic minister, altar server, etc.)?..... ❑ Yes ❑ No
  If so, are there any ministries in which they would like to participate at this time?

  ❑ No. ❑ Yes, please contact _____ about _____
  (NAME) (WHICH MINISTRY)

- Would anyone in the family like to be contacted when **volunteers** are needed for parish committees and groups?

  ❑ No. ❑ Yes, please contact _____ about _____
  (NAME) (AREA OF INTEREST)

Please return this completed form to the parish office, or drop in the collection basket.
THANK YOU FOR YOUR ASSISTANCE IN KEEPING THE PARISH RECORDS UP TO DATE.

DATE ENTERED: _____

Notes: