

Registration Form

Last Name: _____ Given Name(s): _____

Name of Spouse: _____

Address: _____

Apt: _____ City: _____ Postal Code: _____

Telephone: Home (____) _____ Cell (____) _____

email address _____

	Baptized RC		Confirmed RC	
	Yes	No	Yes	No
Applicant				
Spouse				

Parish Envelopes: If you would like to use envelopes and receive a tax receipt, please indicate: Yes [] No []

Please check box to receive emails about parish programs and events.

Date: _____ Signature: _____

Please complete this form and return by email or in person to the office