

ST. MARGARET'S CHURCH

88 Clayte Street, Thunder Bay, ON P7A 6S5
 Telephone: (807) 344-9045 Fax: (807) 345-8993

PARISH REGISTRATION FORM

Parishioner: Male <input type="checkbox"/> Female <input type="checkbox"/> M.I. _____ Title _____	Spouse M.I. _____ Title _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Birth Date: _____ Religion: _____	Birth Date: _____ Religion: _____
Baptized: <input type="checkbox"/> _____ Language: _____	Baptized: <input type="checkbox"/> _____ Language: _____
Confirmed: <input type="checkbox"/> _____ Work Email: _____	Confirmed: <input type="checkbox"/> _____ Work Email: _____
Occupation: _____ Work Phone: _____	Occupation: _____ Work Phone: _____

Mailing Address: _____

Street: _____ City and Prov. _____ Postal Code _____

Marital Status: Single Married Separated Divorced Widow Other _____

Wedding Date: _____ Home Phone: _____ Email _____

Children								
First Name	Last Name	Birthdate	Sex	Bapt.	Conf.	1 st Com.	CCD	School/Other
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Information

For Office Use Only

Envelope # _____ Entered _____ Dated: _____