**A shield with symbols and text

AI-generated content may be incorrect.**

**ST. MARGARET MARY PARISH**

**PARISH REGISTRATION FORM** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION:**

|  |  |  |
| --- | --- | --- |
| Family Last Name: | | |
| Complete home address (include Postal Code): | | |
| Home telephone: | Cell telephone: | Primary email address: |

**FAMILY MEMBERS DETAIL:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Members**  **Names** | **Gender** | **Birth** | | | **Religion** | **Sacraments** | | | **Occupation** |
| Day | Month | Year | Baptism | Confirmation | Eucharist |
| Primary member |  |  |  |  |  |  |  |  |  |
| Spouse |  |  |  |  |  |  |  |  |  |

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**Marital Status:** Married in the Catholic Church Separated or divorced

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Married outside the Catholic Church Widowed

Single

**CHILDREN:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Birth** | | | **Religion** | **Sacraments** | | | **School or Occupation** |
| Day | Month | Year | Baptism | Confirmation | Eucharist |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**PARISH FINANCIAL SUPPORT**

Many parishioners choose to support St. Margaret Mary Parish with their monetary offerings each week. An income tax receipt for these charitable donations is issued annually for donations received through offertory envelopes (weekly) OR pre-authorized debits from your bank account (weekly/monthly).

I would like to support the parish by using Sunday Offertory envelopes.

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(A set of offertory envelopes will be prepared for you by our Parish Office.)

I would like to support the parish using pre-Authorized debits.

(Please contact our Parish Office at 905-388-2200)