

# St. Andrew Parish Registration Form

Office: 2080 Merivale Rd ♦ Nepean Ontario ♦ K2C 3H1

Tel: (613) 723-9767 ♦ Email: parish2002@gmail.com ♦ Web Site: www.saintandrweparish.ca

<b>FAMILY NAME:</b> _____ Primary Member: <input type="checkbox"/> Male <input type="checkbox"/> Female Title: Mr. Mrs. Ms. Miss. Dr.	Spouse: _____ Title: Mr. Mrs. Ms. Miss. Dr.																																																
Last Name _____ First Name _____ _____ (Maiden Name) Birth Date: M/ D/ Yr/ Religion: _____ Baptized: <input type="checkbox"/> 1 <sup>st</sup> Language: _____ Confirmed: <input type="checkbox"/> Work Email: _____ Occupation: _____ Work Phone: _____ Cell Phone: _____	Last Name _____ First Name _____ _____ Maiden name Birth Date: M/ D/ Yr Religion: _____ Baptized: <input type="checkbox"/> 1 <sup>st</sup> Language: _____ Confirmed: <input type="checkbox"/> Work Email: _____ Occupation: _____ Work Phone: _____ Cell Phone: _____																																																
Street Address: _____ City/ Prov _____ Postal Code _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other _____ Wedding Date: _____ Home Phone: _____ Email: _____																																																	
Consent for communication by email according to the Canadian Anti-Spam legislation (CASL): _____ _____																																																	
Print your name _____	Signature _____																																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Children or other family members living at home</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Birth Date</th> <th style="text-align: left;">Sex</th> <th style="text-align: left;">Bapt</th> <th style="text-align: left;">1<sup>st</sup> Com</th> <th style="text-align: left;">Conf</th> <th style="text-align: left;">School</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>		Children or other family members living at home	Name	Birth Date	Sex	Bapt	1 <sup>st</sup> Com	Conf	School	_____	_____	_____	_____	<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"/>	_____
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Please complete other side →

**DONATIONS:**

I have picked up a box set for weekly donations (Can be found in vestibule):  Yes  No (If yes, Box# \_\_\_\_\_)

Name to appear on the income tax receipt: \_\_\_\_\_

Would you prefer Direct Deposit set up for you:  Yes  No

Would you prefer VISA set up for you:  Yes  No

**Are you registering for Sacraments?**  Baptism  First Communion  Confirmation  Marriage

**Please indicate which weekend Mass you attend:** Saturday Evening or Sunday Morning

**Would you like a weekly Parish Bulletin sent to you via email?**  Yes  No

**Please indicate which Church Ministry or Committee you would like to become involved in, and we will have the appropriate person contact you directly:**

- |                      |                       |                    |
|----------------------|-----------------------|--------------------|
| Lector or Reader     | Decorating the Church | Pastoral Council   |
| Eucharistic Minister | Pastoral Council      | Usher- Greeter     |
| Children’s Liturgy   | Finance Council       | Social             |
| Altar Server         | Office Help           | Gym Set up         |
| Sacristan            | Choir Member          | Sacramental Help   |
| Music Ministry       | CWL                   | Youth Leader (18+) |

**What is important to you about your parish?**

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**We welcome your Feedback, Suggestions and Inquiries:**

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**PLEASE PUT YOUR COMPLETED REGISTRATION FORM  
INTO THE COLLECTION BASKET AT ANY MASS,  
OR DROP OFF AT THE PARISH OFFICE AND WE WILL BE IN TOUCH WITH YOU SOON.**

**THANK YOU & WELCOME!**

**OFFICE: (613) 723-9767**

(Revised 05/17)