

PARISH REGISTRATION FORM

**ST. PAUL THE APOSTLE PARISH
2265 Headon Road
Burlington, ON L7M 4E2
905-332-5115**

(Please Complete all applicable sections – PLEASE PRINT) Date: _____

M/D/Y

Family Name: _____

Address: _____

Postal Code: _____

Home Phone: _____ (Cellular) _____

Email: _____

Registrant Last Name: _____ First Name: _____

Registrant Birth Date: M/D/Y _____ Religion: _____

Spouse: Last Name: _____ First Name: _____

Spouse: Birth Date: M/D/Y _____ Religion: _____

Children

First Name: Last Name: Birth Date: M/D/Y Gender

I would like to be involved in: _____

Would you like to support the parish through the use of Offertory Envelopes? Yes _____ No _____

Would you like information on Pre-Authorized Debit (PAD) Yes _____ No _____