

Parish Registration Form

Saint Norbert's Parish



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	FOR OFFICE USE			
Date Received:	Donation Form: B	ox # □	PAG D Othe	er
Date entered in DRM:				
Please Prin	t Clearly and Retu	rn to the Pari	sh Office	
	PARISHIONER INFO	RMATION		
Renew (Update): \square New ((First Registration) 🗆	Are registered	in another Paris	h: □ Yes □ No
PRIMARY MEMBER (Full legal r	name):			
			_ Country of Bi	rth:
First Name Middle Na Present Address:	• •	Last Name		
Phone Number:	et	Ci	ity 	Postal Code
Baptized: ☐ Yes ☐ No Confirm Single ☐ Divorced ☐ Separated	☐ In second Marriage	□ Common L	aw □ Other:	
Church of Baptism:				
Mass attendance: Saturday 5 pm	\square Sunday 9 am \square S	Sunday 10.30 am	☐ Sunday 12 ¡	om
Spouse (Full legal name):	1		Country of Rirt	h:
First Name M			_country of bire	
Present Address: \square Same as the	primary member			
Street		City		Postal Code
Phone Number:	Email:			
Baptized: \square Yes \square No Con Single \square Divorced \square Separated \square				☐ Yes ☐ No
Church of Baptism:	Church of	Marriage:		
	CHILDREN INFOR	MATION		
Child 1. Full legal name of child: (As the	Birth Certificate)	ı		
First Name	Middle Name(s)	·	Last Na	
\square Male \square Female Date of Birth:	DAY MONTH YEAR	City of Birth:		
School:	Grade:	Sacraments received	l: Baptism: □	Confirmation: \Box
Child 2. Full legal name of child: (As the	•	ı		
First Name	Middle Name(s)		Last Name	
☐ Male ☐ Female Date of Birth:	/Ci	ty of Birth:		
School:	AY MONTH YEAR Grade:	Sacraments received	l: Baptism: □	Confirmation: □

Declaration: , the undersigned, declare that the information on this form (pages 1 & 2) is true and accurate	DONATION PREFERENCES How would you like to make your parish contributions? Donation box (envelopes provided):	First Name □ Male □ Female Date o	Middle Name(s) of Birth:/ / City of Birth: DAY MONTH YEAR	Last Name			
How would you like to make your parish contributions? Donation box (envelopes provided): Pre-Authorized Plan (automatic bank withdrawal) (Preferably for the Church) If you choose a pre-authorized plan, our parish office will contact you to set up the details In whose name(s) would you like your income tax receipt to be issued? PLEASE INDICATE YOUR PREFERRED METHOD OF CORRESPONDENCE: EMAIL WOLUNTEER INTEREST ARE YOU INTERESTED IN VOLUNTEERING AT THE CHURCH? YES NO fyes, where would you like to volunteer? Do you have any previous experience? Declaration: , the undersigned, declare that the information on this form (pages 1 & 2) is true and accurate	How would you like to make your parish contributions? Donation box (envelopes provided): Pre-Authorized Plan (automatic bank withdrawal) (Preferably for the Church) If you choose a pre-authorized plan, our parish office will contact you to set up the details In whose name(s) would you like your income tax receipt to be issued? PLEASE INDICATE YOUR PREFERRED METHOD OF CORRESPONDENCE: EMAIL WOLUNTEER INTEREST ARE YOU INTERESTED IN VOLUNTEERING AT THE CHURCH? YES NO fyes, where would you like to volunteer? Do you have any previous experience? Declaration: the undersigned, declare that the information on this form (pages 1 & 2) is true and accurate	Name of the School:	Grade: Sacraments re	eceived: Baptism: Confirmation:			
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		f yes, where would you like to vol		HURCH? 🗆 YES 🗆 NO			
		If yes, where would you like to vol	unteer? Do you have any previous experience?				
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