



Parish Registration Form

Saint Norbert's Parish



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FOR OFFICE USE ONLY

Date Received: _____ Donation Form: Box # _____ PAG Other _____

Date entered in DRM: _____

Please Print Clearly and Return to the Parish Office

PARISHIONER INFORMATION

Renew (Update): New (First Registration) Are registered in another Parish : Yes No

PRIMARY MEMBER (Full legal name):

_____|_____|_____ |Country of Birth: _____
First Name Middle Name(s) Last Name

Present Address: _____
Street City Postal Code

Phone Number: _____ Email: _____

Baptized: Yes No Confirmed: Yes No Married in the Catholic Church: Yes No
Single Divorced Separated In second Marriage Common Law Other: _____

Church of Baptism: _____ Church of Marriage: _____

Mass attendance: Saturday 5 pm Sunday 9 am Sunday 10.30 am Sunday 12 pm

Spouse (Full legal name):

_____|_____|_____ |Country of Birth: _____
First Name Middle Name(s) Last Name

Present Address: Same as the primary member

_____|_____|_____ |City Postal Code
Street

Phone Number: _____ Email: _____

Baptized: Yes No Confirmed: Yes No Married in the Catholic Church: Yes No
Single Divorced Separated In second Marriage Common Law Other: _____

Church of Baptism: _____ Church of Marriage: _____

CHILDREN INFORMATION

Child 1. Full legal name of child: (As the Birth Certificate)

_____|_____|_____ |_____
First Name Middle Name(s) Last Name

Male Female Date of Birth: ____/____/____ City of Birth: _____
DAY MONTH YEAR

School: _____ Grade: _____ Sacraments received: Baptism: Confirmation:

Child 2. Full legal name of child: (As the Birth Certificate)

_____|_____|_____ |_____
First Name Middle Name(s) Last Name

Male Female Date of Birth: ____/____/____ City of Birth: _____
DAY MONTH YEAR

School: _____ Grade: _____ Sacraments received: Baptism: Confirmation:

Child 3. Full legal name of child: (As the Birth Certificate)

_____|_____|_____
First Name Middle Name(s) Last Name
 Male Female Date of Birth: ____/____/____ City of Birth: _____
DAY MONTH YEAR
Name of the School: _____ Grade: _____ Sacraments received: Baptism: Confirmation:

DONATION PREFERENCES

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

MAIL

VOLUNTEER INTEREST

ARE YOU INTERESTED IN VOLUNTEERING AT THE CHURCH? YES NO

If yes, where would you like to volunteer? Do you have any previous experience?

Declaration:

I, the undersigned, declare that the information on this form (pages 1 & 2) is true and accurate

Name (PLEASE PRINT): _____ **Signature:** _____ **Date:** _____