

Sacred Heart Parish

5113 - 49 Avenue - Wetaskiwin AB T9A 0P9
 Phone: (780) 352-2365 FAX: (780) 352-7103

NEW Parishioners Registration Form

Personal Information

Family Name:	Reg. Date: <small>yyyy/mm/dd</small>	Donation Envelopes: <input type="checkbox"/> Yes/No <input type="checkbox"/>
Mailing Name:	Home Phone:	
Mailing Address:	Home Fax:	
City/Prov/Postal:	Mass of Choice:	

For Each Family Member, list the details on each person, start with the Envelope Holder, include all children, or other relatives living in the same household/family. Last Updated: yyyy/mm/dd

	Family Member	Family Member	Family Member	Family Member
Last Name				
First Name				
Middle Names				
Gender M / F	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>
Date of Birth <small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>
Marital Status				
Family Relation				
Parishioner (Y/N)	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Envelope#				
Religion				
Occupation				
Bus. Phone				
Bus. Fax				
Cell Phone				
School + Grade				
Email Address				
Maiden Name	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home

All information contained in this form will be for Parish and Diocese use only. In case otherwise requested this information will be used for all accounts of parish life.