

St. Patrick Roman Catholic Church

53 Wellington Street
Cambridge, Ontario, Canada N1R 3Y6

T/ 519.623.3773 E/ stpatrickscambridge@gmail.com
www.stpatrickscambridge.ca

PARISH REGISTRATION FORM

Date:_____

Family Name:		
Home Address:		Apt. #:
City:	Province:	Postal Code:
Home Phone:		
Mailing Address (if different from above):		Apt. #:
City:	Province:	Postal Code:
PRIMARY CONTACT		
First Name:	Last Name:	Maiden Name:
Date of Birth:	Religion:	Occupation (optional):
Email:	Work Phone:	Cell:
Married: Yes ❑ No ❑	If yes, were you married in the Catholic Church?: Yes ❑ No ❑	Check any that apply: Common Law ❑ Divorced ❑ Single ❑ Separated ❑
SPOUSE / PARTNER		
First Name:	Last Name:	Maiden Name:
Date of Birth:	Religion:	Occupation (optional):
Email:	Work Phone:	Cell:
Married: Yes ❑ No ❑	If yes, were you married in the Catholic Church?: Yes ❑ No ❑	Check any that apply: Common Law ❑ Divorced ❑ Single ❑ Separated ❑

CHILD(REN) LIVING AT HOME

Please enter the requested information for each dependent child living in the household. Adult children, even if living at home, are asked to register separately.

Name (Including Last Name):	Date of Birth: D / M / Y	Gender:	Relationship to Primary Contact:	Religion:	School / Grade:
		M ❑ F ❑			
		M ❑ F ❑			
		M ❑ F ❑			
		M ❑ F ❑			
		M ❑ F ❑			

Is any family member confined to the home that has special pastoral needs? Yes ❑ No ❑

If yes, would this person like to receive the sacraments at home? Yes ❑ No ❑

Stewardship of Treasure

Would you like weekly Sunday Offertory Envelopes: Yes ❑ No ❑

Would you like to make regular offerings using EFT (Electronic Funds Transfer? Yes ❑ No ❑

Name to be printed on tax receipt:

_____

By completing this form, I/we understand that the information given is for the use of St. Patrick Church to provide pastoral care and will not be shared with any other organization.