

PARISH REGISTRATION FORM

Welcome to Paroisse Sacré-Coeur de Welland! Please complete this form and return it to the Parish office. Date of Registration:

I. PERSONAL INFORMATION

Last Name:		First N	lame:		
Marital Status: • Single • Married • Widow • Engaged (indicate fiancé/e's name in Part II					
Address:					
	Apartmentt/Unit/House #	Street	City	Postal Code	
Contact inform	ation:				
	Home telephone	Cell/Work telephone		Email address	
II. OTHER	FAMILY MEMBERS/C	HILDREN LIVIN	G AT HOME		
Name			Relationship		
1					

Name	Relationship
1.	
2.	
3.	

III. PARISH INVOLVEMENT

Our parish offers many opportunities for individuals and families to offer their talents and gifts for the good of the community. You/your family members may be interested in becoming involved in one of these ministries. Please check or circle the following ministries which you are interested in:

 Lector 	• Choir member	 Eucharistic Minister 	 Club Renaissance 	 Salle Soleil
■ Usher	 Altar Server 	 Knights of Columbus 	• Legion of Mary	***Youth Group
Baptismal Preparation Course		• Out of the cold	Decorating the Church for special occasions	

• Other _____

IV. PARISH FINANCIAL SUPPORT

Many of our parishioners offer financial support to the parish to assist its work and mission in the community. Annual sets of "donation envelopes" are available, which may be dropped in the Sunday offering baskets at Mass. Your kind donation to the parish is greatly appreciated by all our parishioners. Income Tax receipts will be issued.

• I would like to support the parish by using the Sunday offering envelopes.

Envelope number: _____(to be provided by the Parish office)