ST. JOSEPH PARISH

In the Diocese of Hamilton

St. Joseph Church - 920 Wellington St., Port Elgin, Ontario and St. Patrick Church - 36 Albert St. South, Southampton, Ontario

PARISH REGISTRATION FORM

Please complete this form and return it by email to stjospar@bmts.com, or by mailing to St. Joseph Parish, 920 Wellington St., Port Elgin, Ontario, NOH 2C3.

You may also place it in the collection box or drop it off to the rectory letterbox.

| Today's Date | ID# (for office use) | |
|---|---|---|
| Adults in Household: | | |
| Last Name | Last Name | |
| First Name | First Name | |
| Mr. Mrs. Ms. Miss Dr. Dr. | Mr. Mrs. Ms. Miss Dr. Dr. | |
| SingleMarriedWidowedDivorced | SingleMarriedWidowedDivorced | |
| Date of Birth (mm/dd/yyyy) | Date of Birth (mm/dd/yyyy) | |
| Religion | Religion | |
| Telephone | | |
| Email | | |
| Address: | | |
| | Postal Code | |
| Children living at home (use reverse if more space need | ded): | |
| Name | M/F Date of Birth | (mm/dd/yyyy) |
| Name | M/F Date of Birth | (mm/dd/yyyy) |
| Name | M/F Date of Birth | (mm/dd/yyyy) |
| Name | M/F Date of Birth | (mm/dd/yyyy) |
| Are you: | | |
| New to the area Year round resident *5 | Summer only resident *Winter o | only resident |
| *Other Address (e.g. cottage, local or home): | | |
| For pickup of tax receipts, etc., do you prefer to have the | hem sent to: St. Joseph Church St. | Patrick Church |
| Would you be interested in serving in any of the follow | ring ministries? (circle) Altar Server, Mus | sic, Usher, Welcome, |
| Children's Liturgy, Catholic Women's League, Knights o | f Columbus, Extraordinary Minister of H | loly Communion, |
| Minister of the Word (Lector), Society of St. Vincent de | Paul, other | |
| Would you like to support the parish through the use o | | P.A.R |
| Thank you! | | (Complete Pre-Authorized Remittance form also) |