



# St. Mary's Registration Form

## Our Lady of the Assumption Parish

133 Murray Street, Brantford ON N3S 5P8

Phone: 519-753-7316

E-mail: marybrantford@gmail.com Website: www.marybrantford.com

New to the parish

Already registered – please update our records

### PRIMARY CONTACT INFORMATION (Please print)

Preferred Title:  Mr.  Mrs.  Ms.  Dr.  Other:

Last Name:

First Name:

Middle Name:

Maiden Name:

Occupation:

Home Address:

Apt. #

City:

Postal Code:

Home Phone:

unlisted

E-mail address (please print):

Date of Birth: Month:      Day:      Year:

Sex:  Female  Male

Marital Status:  Single  Married  Widowed  Separated  Divorced

Date of Marriage: Month:      Day:      Year:

Place of Marriage: City/Province/State: \_\_\_\_\_

Type of Marriage:

Roman Catholic Church: Name of Church \_\_\_\_\_

Other Christian Church: Name of Church \_\_\_\_\_ Denomination: \_\_\_\_\_

Civil      Location: \_\_\_\_\_

Religion:  Roman Catholic  Christian  Other: \_\_\_\_\_

Church Attendance:  Regular  Occasional

I wish to support my Parish by:  Direct Deposit  Envelopes  Ministry  Other: \_\_\_\_\_

### OTHER FAMILY/HOUSEHOLD MEMBERS INFORMATION

Surname/Maiden Name	First Name	Middle Name	Sex	Birth Date (M/D/Y)	Religion

(All information is kept in strictest confidence)

**PARISH INVOLVEMENT:**

- Is any family member **confined to home**, or have special needs?  Yes  No Name.....

If this person would like to receive the Sacraments at home, please call the parish office (519-753-7316).

- Does anyone in the family have experience in **church ministry**?

(e.g. Minister of the Word, Extraordinary Minister of Communion, Ministry to the Sick, Altar Server, etc.).  Yes  No

If so, are there any ministries in which they would like to participate at this time?  Yes  No

Please contact \_\_\_\_\_ about \_\_\_\_\_  
(NAME) (NAME OF MINISTRY)

- Does anyone in the family wish to become involved in **church ministry?** (Training provided)  
(e.g. Minister of the Word, Extraordinary Minister of Communion, Ministry to the Sick, Altar Server, etc.).  Yes  No

\_\_\_\_\_ about \_\_\_\_\_  
(NAME) (NAME OF MINISTRY/IES)

\_\_\_\_\_ about \_\_\_\_\_  
(NAME) (NAME OF MINISTRY/IES)

\_\_\_\_\_ about \_\_\_\_\_  
(NAME) (NAME OF MINISTRY/IES)

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Please return this completed form to the parish office or drop in the collection basket.  
**THANK YOU FOR YOUR ASSISTANCE IN KEEPING THE PARISH RECORDS UP TO DATE.**

Date Entered: \_\_\_\_\_

Notes:

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