

**N E W     P A R I S H I O N E R S     R E G I S T R A T I O N     F O R M**

PLEASE USE BLOCK LETTERS - *This information is confidential and will be used for our parish records and purpose of planning for future parish requirements and activities*

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Family Name:	_____	Home Phone no.:	_____
Residential Address:	_____	Mobile No.:	_____
Postal Address:	_____	Add'l Phone Nos.:	_____
Other language spoken:	_____		_____

[illegible]

Do you have any expertise which would help our Parish?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes what:	
Do you have a family member who is house bound? <i>(Visitation can be arranged for Holy Communion)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes who:	
Would you like to contribute to the church's plan giving program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes by what means:	ENVELOPE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>
If paying by card:    Master Card <input type="checkbox"/> Visa Card <input type="checkbox"/>	EXP Date    ____/____/____	Amount per month:	\$_____	
Card Number:	Print Cardholder Name:	Cardholder Signature:		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				