Saint Dominic Parish Registration

(All information strictly confidential)

Family Surname: Today's Date:

d m y 20____

Address:

Number/Street Apt./Unit # City

Postal Code Telephone Is phone unlisted? Y N

Email: _____

Financial Support
Do you wish to receive offering envelopes?
☐Yes ☐No

Current Marital Status (✔ *check one*)			
☐ Single	☐ Widowed	☐ Separated	☐ Divorced
☐ Catholic Marriage	☐ Mixed Faith Marriage	☐ Married outside Catholic Church	☐ Common Law
Date of Marriage:	Day	Month	Year

Religion *(Identify by number for each family member)*	Sacraments		
	BAPTISM	EUCHARIST	CONFIRMATION
1. Catholic			
2. Orthodox			
3. Anglican			
4. Lutheran			
5. United			
6. Presbyterian			
7. Other			

Family/Household Members

Surname	First name/initials	Sex M F	Birth Date DD/MM/YY		✓*mark sacraments received*		

(Add additional names on reverse)