

ST PATRICK'S PARISH REGISTRATION FORM

stpatschurch@rogers.com

Please PRINT providing full name and complete dates.

NOTE: ALL INFORMATION PROVIDED IS HELD IN THE STRICTEST CONFIDENCE

Salutation: (Mr. & Mrs./Mr./Ms./etc) and Family Name:						Wife's Maiden Name:								
Complete Address:				Home Phone Number:				HIS work phone/ext.		HER work phone/ext.				
								HIS cellphone number		HER cellphone number				
				Email Address:										
				I/We attend Mass on: Sat. 5:00pm Sun. 8:30am Sun. 10:30am										
Parish Financial Support		Envelopes		No Envelopes needed		First Language:				Second Language:				
Family Members (please indicate the role in your family) Husband(H) Wife(W) Son(S) Daughter(D) Other (O)						Birthday		Sacraments			Catholic		<i>Please state occupation, talents, hobbies, interests and any other information that you <u>might</u> like to share with the Parish. Please note you are not committing to anything at this time.</i>	
First Name		Last Name (if different)												
				Month		Day		Year		Baptism				
										Communion				
										Confirmation				
										Yes				
										No				

If you or your family has any special needs, spiritual needs or otherwise, please note them on the other side of this form. THANK YOU and WELCOME!

ST. PATRICK'S PARISH
Direct Debit Authorization Form

Last Name: _____ First Name: _____
 Address: _____
 Visa/Mastercard #: _____ Expiry Date: _____
 Automatic Withdrawal: Bank: _____ Branch: _____
 Account Number: _____
 (Please attach void cheque for verification and information)

Please specify below which funds you would like your gifts to be directed towards and the amount.

	Weekly (\$)	Monthly (\$)	Annually (\$)	Day/Month *
Sunday Offering				
Renovation Fund				
St. Vincent de Paul				
New Year's Day - January 1				
Good Friday - Holy Land				
Easter Sunday				
The Pope's Pastoral Works				
Church Maintenance				
Canadian Mission Sunday				
Clergy Pension				
Christmas				

* For weekly/monthly/annual gifts, please specify the day or the month you wish to have your gifts withdrawn in the last column.

I authorize St. Patricks's Caledonia Catholic Church, 107 Orkney Street .East. Caledonia, Ontario to receive the amounts mentioned above from my Master Card or Visa or by Direct Debit in installments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish staff. I undertstand that I must allow at least 2 weeks to allow these changes to be applied.

Signature

Date

