St. Anne Parish

PARISH REGISTRATION FORM

268 East Avenue, Kitchener ON N2H 1Z4
Phone: 519-745-5302 Email: stannekitchener@hamiltondiocese.com

Date: _____

☐ **New Registration** ☐ **Registration Update**

FAMILY INFORMATION

Family Name:	
Home Address: *(Including City & Postal Code)*	
Primary Phone #:	**Secondary Phone #:**
Primary Email Address:	

Marital Status: ☐ **Single** ☐ **Married** ☐ **Widowed** ☐ **Separated** ☐ **Divorced** ☐ **Common-Law**

Date, Church & City of Marriage _____

FAMILY MEMBER(S) INFORMATION

	First Name	Family Name (if different)	Birth Date (MM/DD/YYYY)	Gender	Religion	Occupation or School	Sacraments Received		
							Baptism	First Eucharist	Confirmation
Primary Member				☐ M ☐ F			☐	☐	☐
Spouse				☐ M ☐ F			☐	☐	☐
Please only include DEPENDENT children who are living at home									
Child				☐ M ☐ F			☐	☐	☐
Child				☐ M ☐ F			☐	☐	☐
Child				☐ M ☐ F			☐	☐	☐
Child				☐ M ☐ F			☐	☐	☐
Child				☐ M ☐ F			☐	☐	☐

PARISH FINANCIAL SUPPORT - *please indicate how you would like to support St. Anne Parish*

☐ **I/we presently use Sunday Offertory Envelopes**

☐ **I/we would like to use Pre-Authorized Giving** ***(forms available at church entrances)***

☐ **I/we would like Sunday Offertory Envelopes** ***(You will be notificed when your personalized box of offertory envelopes is ready to be picked up at the church entrance)***

PARISH MINISTRIES INFORMATION - *please indicate any ministries in which you would like to support St. Anne Parish with your gifts of time & talent*

☐ **Altar Server**
☐ **A.R. Goudie Home Visitor**
☐ **Children's Liturgy**
☐ **Choir / Music Ministry**
☐ **Coffee Sunday Volunteer**
☐ **Eucharistic Minister**
☐ **Funeral Reception Help**
☐ **Greeter / Usher**
☐ **Lector / Commentator**
☐ **Rosary Prayer Group**
☐ **Social Committee**
☐ **St. Vincent de Paul Volunteer**

PLEASE COMPLETE AND PLACE IN THE COLLECTION BASKET AT MASS, OR RETURN TO THE PARISH OFFICE.

Office Use
Date: ***#***