

St. Benedict Catholic Parish

300 Yates Drive, Milton, ON L9T 2W3 T: 289-878-3118 F: 289-878-7976
E: stbenedictmilton@hamiltondiocese.com

Parish Registration Form

Welcome to St. Benedict Parish. We are very happy that you wish to become part of our parish family. Please take a few minutes to complete this form. *All information provided is strictly confidential* and is used solely for the provision of pastoral care for registered members of the parish. It is not used for any commercial purposes.

GENERAL INFORMATION

Family Name: _____

Registrant: _____

First name(s) Maiden Surname Surname

Joint Registrant: _____

First name(s) Maiden Surname Surname

Address: _____

Number Street Apartment #

City: _____ Postal Code: _____

Telephone: (_____) _____ Is this number unlisted? Yes No
Area

Email Address: _____

Would you like to receive offering envelopes as a means of supporting the parish? Yes No
Would you like to use Pre-Authorized Debit to support the parish? Yes No

CURRENT MARITAL STATUS (Check What Applies to Your Current Marriage)

- 1. Married in Roman Catholic Church
- 2. Married in a Non Catholic Church
- 3. Civil Marriage
- 4. Second Marriage for Male Female
- 5. Widowed
- 6. Separated
- 7. Divorced
- 8. Declaration of Nullity for Male Female
- 9. Common Law/Cohabitation
- 10. Never Married (Single)

Church of Marriage Place Date

I wish to discuss our marriage situation with a priest. (Please complete back of page)

FAMILY INFORMATION: Kindly complete the following information about yourself and other members of your household, including those listed on the other side.

| Please List the Names of All Persons Currently Residing in Your Home | Sex | Date of Birth Month/Day/Year | Religion 1. Roman Catholic 2. Ukr. Catholic 3. Anglican 4. Lutheran 5. United 6. Presbyterian 7. Orthodox 8. Other (Specify) 9. Not Baptized | Occupation of Adults or School of Children 1. Guardian Angels School 2. Our Lady of Fatima School 3. Lumen Christi School 4. St. Benedict School 5. St. Scholastica School 6. St. Francis Xavier Secondary School *Specify if Other | B A P T I S M | C O N F I R M A T I O N | E U C H A R I S T |
|-------------------------------------------------------------------------|--------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------|-------------------------------------------|
| Registrant (Full Name) | M F | | | | | | |
| Joint Registrant (Full Name) | M F | | | | | | |
| Child/Young Adult (Full Name) | M F | | | | | | |
| Child/Young Adult (Full Name) | M F | | | | | | |
| Child/ Young Adult (Full Name) | M F | | | | | | |
| Child/Young Adult (Full Name) | M F | | | | | | |
| Child/Young Adult (Full Name) | M F | | | | | | |

Office Use:

- Funds
 Letter of Welcome
 Parish Data System
 Offertory Envelopes Prepared
 Pre Authorized Debit

Date: _____