

ST. JUDE'S PARISH – PARISHIONER REGISTRATION FORM

3265 WESTON RD, TORONTO, ONTARIO, CANADA

TEL: 416-742-9072

E:stjudeswe@archtoronto.org

Part A: For Non-Registered Users - First Time to Parish (Please Print Clearly)

ENVELOPE No.: _____ ENVELOPE YEAR: _____ OFFICE INITIALS: _____

Today's Date _____ (dd/mm/yyyy)

Please choose the salutation that applies to you:

☐ Mr.

Name _____

First

Middle

Last

☐ Mrs. ☐ Ms.

Name of Spouse: _____

First

Middle

(Maiden/Legal Last Name)

Street Address: _____

Apt/Unit# _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

CHILDREN (UNDER 21) LIVING AT HOME:

(WE RECOMMEND THAT CHILDREN OVER 21 LIVING AT HOME REGISTER ON THEIR OWN)

Name: _____

(Male/Female) Date of Birth: _____

DD

MM

YYYY

Name: _____

(Male/Female) Date of Birth: _____

DD

MM

YYYY

Name: _____

(Male/Female) Date of Birth: _____

DD

MM

YYYY

Name: _____

(Male/Female) Date of Birth: _____

DD

MM

YYYY

Signature of Applicant

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Please only complete Part B if you are a registered parishioner and your personal information requires updating.

Part B: Updated Information For Registered Parishioners – (Please Print Clearly)

TODAY'S DATE: _____ (dd/mm/yyyy) ENVELOPE # _____ OFFICE INITIALS _____

[Regardless if there has been no name change, please put in name and address so we can check our data base]

Last Name: _____ First Name (Male) _____

Last Name: _____ First Name (Female) _____

Previous Name (Original): Yes ☐ No ☐

☐ Mrs. ☐ Mr. ☐ Ms.

Name: _____

First

Middle

Last

New Name Change (if applicable): Yes ☐ No ☐

☐ Mrs. ☐ Mr. ☐ Ms.

Name: _____

First

Middle

Last

OLD Street Address: _____

Apt/Unit# _____ City: _____ Postal Code: _____

NEW Street Address: _____

Apt/Unit# _____ City: _____ Postal Code: _____

Contact Numbers Changed: Yes ☐ No ☐

Previous Contact Numbers:

Home: _____ Cell: _____

New Contact Numbers:

Home: _____ Cell: _____

CHILDREN (UNDER 21) LIVING AT HOME:

(WE RECOMMEND THAT CHILDREN OVER 21 LIVING AT HOME REGISTER ON THEIR OWN)

Name: _____
(Male/Female) Date of Birth: _____
DD MM YYYY
Name: _____
(Male/Female) Date of Birth: _____
DD MM YYYY
Name: _____
(Male/Female) Date of Birth: _____
DD MM YYYY
Name: _____
(Male/Female) Date of Birth: _____
DD MM YYYY

Signature of Applicant