

Holy Child Parish
 2636-7th Avenue East, Regina, SK S4N 6A3
 306-789-8276; fax 306-789-2171; email holychild@sasktel.net

PLEASE SUBMIT COMPLETED FORM
TO PARISH OFFICE

Registration Form
 (confidential when complete)

Family Name		Home Phone	
Mailing Name		Mass of Choice (circle)	Saturday 7 pm Sunday 9 am Sunday 11 am
Mailing Address		Donation Envelopes	<input type="checkbox"/> check if you would like envelopes
City/Postal Code		Date	<input type="checkbox"/> check if you would like Pre-Authorized Debit

For each family member living at this address. Include children and other relatives. Start with envelope holder.

	Family Member	Family Member	Family Member	Family Member	Family Member
Last Name					
First Name					
Middle Names					
Gender	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Date of Birth (yyyy/mm/dd)					
Family Relation (father/ mother/son/daughter/grandparent/)					
Religion					
Marital Status <small>Single/Married/Separated Divorced/Common Law/Widow</small>					
Maiden Name					
Marriage Date & Place					
Baptism Date & Place					
Confirmation Date & Place					
Mobile Phone #					
Email address					
Occupation					
School/Grade					