



St. Marguerite D'Youville Parish

2490 Sandalwood Parkway East, Brampton, ON, L6R 3A4 905-792-7497

REGISTRATION FORM (PLEASE PRINT)

FAMILY NAME: _____ HOME PHONE No.: _____

ADDRESS: _____ APT./UNIT _____

CITY: _____ POSTAL CODE: _____

MARITAL INFORMATION

SINGLE _____ WIDOW(ER): _____ SEPARATED _____ DIVORCED _____

MARRIAGE DATE: _____

CHURCH MARRIAGE TOOK PLACE: _____

FAMILY INFORMATION: (INCLUDE OTHERS LIVING IN THE HOME & THE RELATIONSHIP)

	LAST NAME	FIRST NAME	BIRTH DATE (DAY/MONTH/YEAR)	RELIGION	BAPTIZED Yes/No
HUSBAND					
WIFE					
CHILDREN					

OCCUPATION

Husband: _____ Work No.: _____

Wife: _____ Work No.: _____

ARE YOU NEW TO THE PARISH: Yes _____ No _____

OFFERTORY ENVELOPE NO.: _____ LANGUAGE OTHER THAN ENGLISH: _____

Thank you for registering & Welcome to our Parish!

PLEASE SUBMIT THIS FORM TO THE CHURCH OFFICE.