

St. Joseph Parish Registration Form Welcome to our St. Joseph Community

DATE:
New Parishioner: Change of Information:
Previous Parish:
Did you let them know you have moved? Y/N

The information that you information is shared w	ou provide is confidential. It is it	used for p	ourposes related to pastocese of Toronto. Our po	oral planning and a	ctivities related to the pari	sh. This parish i	s part of the	he Roman Cathol d by visiting: <i>arc</i>	lic Archdiocese of Toronto. No	
Primary Contact: Mr. / Miss/ Mrs.			Birthdate:/				Р	Phone 1 H/W/C		
Street address:								Phone 2 H/W/C		
City: Postal Code:			le:	School/Occupation				Religion:		
Email 1:				Email 2:				Languages Spoken:		
Do you wish to support the parish with: Automatic Preauthorized giving (PAG) Separate Registration Form Required Automatic Bank Withdrawal on the 20 th of each month or Sunday Offering Envelopes Name to appear on Tax Receipt:										
additional Adults in Household										
First Name	Last Name	M/F	Birthdate (m/d/	y) Religion	n Relationship	ship phone and/or e		ail (optional)	School / Occupation	
hildren in Household Under age 25 (Include niece/nephew or wards)										
First Name	Last Name (if different)	M/F	Birthdate (m/d/y)	Relationship	Date & Church of	urch of Baptism RC		Confirmed	? School	
Can you or anyone in your home volunteer time or services to the Parish?										
Are there persons in your home with special needs such as gluten or wheat sensitivity or hearing impaired?										