



St. Jude's Parish Registration Form

Your information is kept confidential for parish use only.

Date:

Title: Mr. Mrs. Ms.

Marital Status Date:

First name(s):

Spouse's First name(s):

Last name:

Spouse's Last name:

Address:

City:

Postal code:

Home phone:

Cell phone:

Your religion:

Spouse's Religion:

Your occupation:

Spouse's Occupation:

Are you baptised? Yes No

Is your spouse baptised? Yes No

Are you confirmed? Yes No

Is your spouse confirmed? Yes No

Language(s) that you speak:

Do you have a set of Sunday offering envelopes? Yes No

If yes, what's the envelope number #?

If no, would you like to receive a set of Sunday offering envelopes? Yes No

Children Information

	Name	Date of birth (y/m/d)	Baptized?	Confirmed?
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Once you've completed the form, please SAVE as pdf and email it as an attachment to stjudes@rcav.org