

St John the Apostle Parish

2340 Baseline Road, Ottawa, ON K2C 0C9 Phone: 613-829-1760 Phone: 613-829-2931

Registration Form

Date: _____

Parishioner Male <input type="checkbox"/> Female <input type="checkbox"/> M.I. Title	Spouse M.I. Title
Last Name _____ First Name _____	Last Name _____ First Name _____
Birth Date _____ Religion _____	Birth Date _____ Religion _____
Baptized <input type="checkbox"/> _____ Language _____	Baptized <input type="checkbox"/> _____ Language _____
Confirmed <input type="checkbox"/> _____ Work Email _____	Confirmed <input type="checkbox"/> _____ Work Email _____
Occupation _____ Work Phone _____	Occupation _____ Work Phone _____
Cell Phone _____	Cell Phone _____

Mailing Address _____

Street _____ City and State/Prov. _____ Postal Code _____

Marital Status: Single Married Separated Divorced Widow Other _____

Wedding Date _____ Home Phone _____ EMail _____

Children								
First Name	Last Name	Birth Date	Sex	Bapt.	Conf.	1st Com.	CCD	School / E-mail / Other
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Information

Would you like the office to prepare a box of Collection Envelopes for you?

_____ Yes _____ No