



Sacred Heart Parish Registration Form

Date: _____ Family Surname: _____

Current Parish Envelope number _____ Sacred Heart School Family: Yes No

Monthly Direct Deposit to Parish _____ Applying to Sacred Heart School: Yes No

Husband's first name: _____ Religion: _____

Birthdate: _____ Occupation: _____

Wife's first name: _____ Religion: _____

Maiden Name: _____ Last name used: _____

Birthdate: _____ Occupation: _____

Marriage Date: (if applicable) _____

Catholic Church

Name & City: _____

Civilly

Name & City: _____

Other

Name & City: _____

Address: _____ City: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Do you wish to receive the weekly bulletin / correspondence from the Parish via email?

Yes No

Do you consent to providing your contact information to Parish Council & various groups / ministries within the Parish?

Yes No

Child's Full Name	Date of Birth YYYY/MM/DD	Baptism year & Church	Reconciliation year & Church	Eucharist year & Church	Confirmation year & Church	Current Grade

For Parish office use only:

Appt with Fr. Francis: Yes No

Baptismal Certificates provided: Yes No