



ST. FRANCIS OF ASSISI PARISH

Parishioner Registration Form

Last Name _____ First Name _____

Middle Name _____ Date of Birth (dd/mm/year) ____ / ____ / ____

Email Address _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone # _____ Mobile # _____

Will St. Francis of Assisi be your primary parish? YES NO

Would you like weekly collection envelopes mailed to your address YES NO

Family Members

1) Last Name _____ First Name _____

Date of Birth (dd/mm/year) ____ / ____ / ____

2) Last Name _____ First Name _____

Date of Birth (dd/mm/year) ____ / ____ / ____

3) Last Name _____ First Name _____

Date of Birth (dd/mm/year) ____ / ____ / ____

4) Last Name _____ First Name _____

Date of Birth (dd/mm/year) ____ / ____ / ____

Signature _____ Date _____