

# Holy Rosary Parish

DIOCESE OF HAMILTON

[www.holyrosaryparish.ca](http://www.holyrosaryparish.ca)

139 Martin Street, Milton, ON L9T 2R3

Phone: 905-878-6535

[reception@holyrosaryparish.ca](mailto:reception@holyrosaryparish.ca)

## PARISH REGISTRATION FORM

Welcome to Holy Rosary Parish. We are very happy that you wish to become part of our Parish family. Please take a few minutes to complete this form. **All information provided is strictly confidential** and is used only for the provision of pastoral care for registered members of the Parish. It is **not** used for any commercial purposes.

### MEMBERS OF HOUSEHOLD *(Please print clearly)*

<b>ADULT MALE:</b>	(First Name)	(Last Name)
Email:	Phone:	
Religion:	Date Of Birth (M/D/Y):	
Baptized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 <sup>st</sup> Communion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Occupation:

<b>ADULT FEMALE:</b>	(First Name)	(Last Name)
Email:	Phone:	
Religion:	Date Of Birth (M/D/Y):	
Baptized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 <sup>st</sup> Communion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Occupation:

<b>ADDRESS:</b>	<b>APT/UNIT:</b>
<b>CITY:</b>	<b>POSTAL CODE:</b>

<b>MARITAL STATUS: <i>(Check One)</i></b>
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify) _____
<b>IF MARRIED:</b>
Church/Place of Marriage: _____
Date of Marriage: _____

Would you like to receive Offering Envelopes as a means of supporting the Parish    Yes    No

OR

Would you like to support the Parish through Pre-Authorized Debit of your account    Yes    No

*(An application form will be mailed to you)*

**(PLEASE COMPLETE THE OTHER SIDE)**

**FAMILY INFORMATION:**

Kindly complete the following information about the other members of your household.

<b>NAME:</b> _____ <b>M</b> <b>F</b> Date of Birth (M/D/Y): _____ Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No School/Occupation: _____	<b>NAME:</b> _____ <b>M</b> <b>F</b> Date of Birth (M/D/Y): _____ Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No School/Occupation: _____
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<b>NAME:</b> _____ <b>M</b> <b>F</b> Date of Birth (M/D/Y): _____ Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No School/Occupation: _____	<b>NAME:</b> _____ <b>M</b> <b>F</b> Date of Birth (M/D/Y): _____ Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No School/Occupation: _____
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**PLEASE CHECK IF YOU ARE INTERESTED IN A VOLUNTEER OPPORTUNITY:**

<u>Liturgical Ministries:</u> <input type="checkbox"/> Altar Server (Child – Grade 4+) <input type="checkbox"/> Choir Member and/or Instrumentalist <input type="checkbox"/> Funeral and Bereavement Ministry <input type="checkbox"/> Funeral Servers (Adult) <input type="checkbox"/> Hospitality (Usher) <input type="checkbox"/> Lector <input type="checkbox"/> Minister of Holy Communion <u>Pastoral Care Ministries:</u> <input type="checkbox"/> Minister of Communion <ul style="list-style-type: none"> <li><input type="checkbox"/> Allendale</li> <li><input type="checkbox"/> Milton Hospital</li> <li><input type="checkbox"/> Shut In Parishioners</li> </ul> <input type="checkbox"/> Prison Ministry <ul style="list-style-type: none"> <li><input type="checkbox"/> Maplehurst (Men’s)</li> <li><input type="checkbox"/> Vanier (Women’s)</li> </ul>	<u>Outreach Programs:</u> <input type="checkbox"/> Development & Peace <input type="checkbox"/> Society of Saint Vincent de Paul <u>Social Groups &amp; Leagues:</u> <input type="checkbox"/> Catholic Women’s League <input type="checkbox"/> Challenge Girls <input type="checkbox"/> Conquest Boys <input type="checkbox"/> Couples for Christ <input type="checkbox"/> Knights of Columbus <input type="checkbox"/> Regnum Christi <input type="checkbox"/> Vacation Bible School <u>Educational Ministries:</u> <input type="checkbox"/> Baptism Preparation <input type="checkbox"/> Catechist for RCIA or Correspondence Courses <input type="checkbox"/> Children’s Liturgy <input type="checkbox"/> Marriage Preparation
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The Coordinator(s) of the applicable ministry will contact you to discuss what is involved in the ministry and next steps in the screening process.

<b>OFFICE USE:</b> <input type="checkbox"/> Funds <input type="checkbox"/> Letter of Welcome <input type="checkbox"/> Parish Data System <input type="checkbox"/> Offertory Envelopes Prepared <input type="checkbox"/> Pre Authorized Debit
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Date: \_\_\_\_\_