

# 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:	Yes	No
1 <sup>st</sup> Communion:	Yes	No
Confirmed:	Yes	No
Occupation:		

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

OR

Would you like to support the Parish through Pre-Authorized Debit of your account

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

<u>Liturgical Ministries:</u> Altar Server (Child – Grade 4+) Choir Member and/or Instrumentalist Funeral and Bereavement Ministry Funeral Servers (Adult) Hospitality Directory (Usher) Lector Minister of Holy Communion <u>Pastoral Care Ministries:</u> Minister of Communion Allendale Milton Hospital Shut In Parishioners Prison Ministry Maplehurst (Men's) Vanier (Women's)	<u>Outreach Programs:</u> Development & Peace Society of Saint Vincent de Paul <u>Social Groups &amp; Leagues:</u> Catholic Women's League Challenge Girls Conquest Boys Couples for Christ Knights of Columbus Regnum Christi Vacation Bible School <u>Educational Ministries:</u> Baptism Preparation Catechist for RCIA or Correspondence Courses Children's Liturgy Marriage Preparation
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: \_\_\_\_\_