WELCOME to the Parish of St. Joseph's! ***Parish Registration Form***						
Circle	e one NEW REGISTR	ATION or	UPDATI	Ξļ		
	***PLEASE PRINT CLEARLY***			Date		
ARE Y	OU REGISTERED AT ANOTHER PAI	RISH? PLEASE CHE	ск NO	YES		
If YES,	which parish?	If N	O, St. Joseph's F	Parish Envelo	pe Numb	er
PRIM	ARY MEMBER					
Surnan	ne	Given Name	A	Birth Date	/	_/
	n		Varital Status			T
Occupa	ation		Work Phone			
SPOL	ISE (if applicable)					
Surnan	ne	Given Name		Birth Date	/	_/
	n		Marital Status			ļ
Occupa	ation		Work Phone		2.57	
Home /	Home Address					
City	City Postal Code					-
Home Phone Cell Phone		_				
Email a	iddress				100	_
	Marriage Information (if applicable)					
[	Church		Civil			
	Place		Place			
l	Date		Date			

\* \* \* If your child living at home is <u>18 years or older</u> and working they must be registered separately.

Child(s) Surname	Given Name	Birth Date M / D / Y	Gender M/F	Sacraments Received (Yes/No)			Catechism
List those living at home with you				Baptism	First Communion	Confirmation	Yes/No

## Parish Involvement (Would you consider offering your time and talent? Please $\checkmark$ )

Reader	Usher	
Communion Minister	Communion to Sick & Homebound	
Volunteering at Mass in Care Homes/ Hospital	Altar Server	
Music Ministry	Decorate Church	
Catechism Teacher / Helper	Youth Group	
Help with Social Gatherings	Transportation to and from Church	

## PRE-AUTHORIZED CONTRIBUTION ENROLLMENT FORM

I/we hereby request and authorize

St. Joseph's Roman Catholic Church

(355 Andrews Street, Winnipeg, MB R2W 4T5)

to debit my/our account on the: ( $\sqrt{}$  one box)

1st	15th	Both days	
	of every month in the amount of		
	<u>\$</u> Per debit.		

I/we waive my right to receive pre-notification of the amount of pre-authorized contribution (PAC) and agree that I do not require advance notice of the amount of PAC before the debit is processed.

NAME(S)	
ADDRESS	
POSTAL CODE	
TELEPHONE	
EMAIL	
CURRENT ENV # (if app.)	

(Please return this form by mail and include void cheque)

Signature

Date