

# ST. PAUL THE APOSTLE

Roman Catholic Parish

2400 Portage Avenue Winnipeg MB R3J 0M8

204.832.6122

## PARISHIONER REGISTRATION FORM

*Please Print*

DATE: \_\_\_\_\_

**NAME** (first & last): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELLPHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MARITAL STATUS:      SINGLE      MARRIED      DIVORCED      WIDOWED

### **DO YOU WISH TO USE** (PLEASE CHECK ONE)

\_\_\_\_\_ PLANNED GIVING THROUGH PRE-AUTHORIZED DONATIONS  
*(please see attached sheet)*

\_\_\_\_\_ OFFERTORY ENVELOPES

- *We encourage parishioners to consider Pre-Authorized Donations as we are trying to lessen the amount of paper used through envelopes.*

### **FAMILY INFORMATION**

SPOUSE'S NAME: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please hand completed form in to Parish Office or  
place into collection basket during Sunday mass. Thank you.**