



CORPUS CHRISTI CHURCH

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NEW PARISHIONER REGISTRATION FORM

Date of Registration: _____

Head(s) of the Household #1	
Last Name	First Name
Sex	Occupation
Birthdate (MM/DD/YY)	Email
Work Phone #	Cell Phone #
Baptized RC, please check <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Confirmed RC, please check <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
#2	
Last Name	First Name
Sex	Occupation
Birthdate (MM/DD/YY)	Email
Work Phone #	Cell Phone #
Baptized RC, please check <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Confirmed RC, please check <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

Household Address: _____
_____ Street _____ City _____ Postal Code _____

Phone Number: _____

Children (At Home or University)

Child's Name	Sex	Birthday (MM/DD/YY)	Name of School

OTHER PERSONS RESIDING IN YOUR HOUSEHOLD

Name	Occupation	Birthday (MM/DD/YY)

Marriage Information Date: _____ Parish _____ Place _____
MM/DD/YYYY

Would you like to volunteer? Please check YES _____ NO _____
Would you like to receive weekly donation church envelopes? Please check YES _____ NO _____
OR Would you like to participate in our PRE-AUTHORIZED GIVING PLAN (PAG)? YES _____ NO _____

Income Tax Receipts for all donations will be issued at year end.