## **REGISTRATION FORM / UPDATE FORM**

## PARAFIA ŚW. STANISŁAWA KOSTKI / ST. STANISLAUS KOSTKA CHURCH

8 Saint Ann Street, Hamilton ON L8L 6P8

Tel.: (905) 544-0726 WebSite: www.stankostka.ca E-mail: ststanislaushamilton@hamiltondiocese.com

(personal information collected on this form is for parish use only and will be kept confidential)

ADULTS	DATE:						
ADULTS			year month/	day			
LAST NAME:							
FIRST NAME:							
OCCUPATION:							
CHURCH OF BAPTISM:							
Martial Status:							
LAST NAME:		BIRTHDATE:	year month/	day ———			
FIRST NAME:		RELIGION: _					
OCCUPATION:							
CHURCH OF BAPTISM:							
Martial Status:							
ADDRESS							
STREET:	CITY:		POSTAL CODE:				
TELEPHONE:	(Is this an unliste	ed number?) Yes: _	No:				
E-MAIL:							
Church or place of Marriage:							
Date of Marriage:		_					
Would you like Church Envelopes? Yes:	No: (Env	velopes are used for	r Income Tax purposes)				
CHILDREN LIVING IN YOUR HOUSEH	OLD (list additiona	l children on a sep	parate sheet.)				
	M I	= '	year month day	y			
NAME:		BIRTHDATE: _	111				
School:							
SACRAMENTS							
Baptism							
_ocation:		Date:					
1 <sup>st</sup> Communion							
Location:		Date: _					
Confirmation							
Location:		Date:					

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## **CHILDREN LIVING IN YOUR HOUSEHOLD**

	M	F		year	month	day
NAME:			BIRTHDA	TE:	/	_/
School:						
SACRAMENTS						
Baptism						
Location:			D	ate:		
1 <sup>st</sup> Communion						
Location:			D	ate:		
Confirmation						
Location:			D	ate:		
	M	F		year	month	day
NAME:			BIRTHDA	TE:	/	_/
School:						
SACRAMENTS						
Baptism						
Location:			D	ate:		
1 <sup>st</sup> Communion						
Location:			D	ate:		
Confirmation						
Location:			D	ate:		
W jaki sposób możecie uczestniczyć w życiu parafialnym	m? - ex	c. czyt	ać, śpiewać,	, woluntariı	usz itp.	
Interested in participating in the life of the parish? - ex: r	eading	ı, sing	ing, voluntee	ering etc.		
Comments:						