REGISTRATION FORM / UPDATE FORM

PARAFIA ŚW. STANISŁAWA KOSTKI / ST. STANISLAUS KOSTKA CHURCH
8 Saint Ann Street, Hamilton ON, L8L 6P8
(905) 544-0726
Email: stankostka@cogeco.ca Website: www.stankostka.ca

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

DATE: _____

ADULTS

year month day

LAST NAME: _____ BIRTHDATE:_____/_____/_____

FIRST NAME: _____ RELIGION:_____

OCCUPATION: _____

CHURCH OF BAPTISM: _____

Marital Status: _____

year month day

LAST NAME: _____ BIRTHDATE:_____/_____/_____

FIRST NAME: _____ RELIGION:_____

OCCUPATION: _____

CHURCH OF BAPTISM: _____

Marital Status: _____

ADDRESS

STREET _____ CITY_____ POSTAL CODE_____

TELEPHONE_____ (Is this an unlisted number?) Yes ____ No ___

E-MAIL _____

Church or place of Marriage: _____
Date of Marriage: _____

Would you like Church Envelopes? _____Yes ____No (Envelopes are used for Income Tax purposes)

CHILDREN LIVING IN YOUR HOUSEHOLD (list additional children on a separate sheet.)

M F year month day

NAME _____ __ __ BIRTHDATE_____/_____/_____

School _____

SACRAMENTS

Baptism
Location: _____ Date: _____
1st Communion
Location: _____ Date: _____
Confirmation
Location: _____ Date: _____

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M F year month day

NAME _____ __ __ BIRTHDATE_____/_____/_____

SCHOOL _____

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Location: _____ Date: _____
1st Communion
Location: _____ Date: _____
Confirmation
Location: _____ Date: _____

W jaki sposób możecie partycypować w życiu parafialnym? – ex. czytać, śpiewać, wolontariusz itp.
Interested in participating in the life of the parish? – ex: reading, singing, volunteering etc.

Comments: