

ST. ANN'S PARISH

11 Wilson St. West

Ancaster, Ontario

L9G 1N1

Tel: 905-648-6874 Fax: 905-648-2926

e-mail: info@st-anns-ancaster.com

Ministries/Organizations: We have many ways for people to be involved in the life of the parish. For more information, simply indicate the person's name, and the number of the ministry or activity which interests him/her.

- | | |
|-----------------------------|----------------------------------|
| 1. Altar Server | 11. Decorating Committee |
| 2. Altar Society | 12. Development & Peace |
| 3. Baptismal Preparation | 13. Eucharistic Minister |
| 4. Bereavement Committee | 14. Eucharistic Minister to Sick |
| 5. Catechism Teacher | 15. Knights of Columbus |
| 6. Children's Liturgy | 16. Lector |
| 7. Catholic Women's League | 17. Marriage Preparation |
| 8. Choir - Sat. 5:00 p.m. | 18. R. C. I. A. Team |
| 9. Choir - Sun. 9:00 a.m. | 19. St. Vincent de Paul |
| 10. Choir - Sun. 10:30 a.m. | |

PARISH REGISTRATION FORM

(Please print)

Family Name: _____

Address: _____

City: _____ Postal Code _____

Home Phone Number: _____

Is number unlisted? Yes _____ No _____

Other Phone Number: _____

E-mail address: _____

First Name Number

First Name Number

First Name Number

First Name Number

Would you like Offertory Envelopes? Yes _____ No _____

Please be assured that all information will be held in strict confidence.

Biographical Data

Marital Status

Single Married Widowed Separated Divorced Common law

Church/Place of Marriage _____

City _____ Date _____

Adult

1. _____ Birth date _____

First Name _____ Day Month Year

Religion: _____ Occupation: _____

Sacraments: Baptism _____ Eucharist _____ Confirmation _____

Adult

2. _____ Birth date _____

First Name _____ Day Month Year

Last Name (if different from Adult above)

Religion _____ Occupation _____

Sacraments: Baptism _____ Eucharist _____ Confirmation _____

Child

1. _____ Sex Birth date

First name Surname (if different) M F Day Month Year

School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Confirmation _____

Child

2. _____ Sex Birth date

First name Surname (if different) M F Day Month Year

School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Confirmation _____

Child

3. _____ Sex Birth date

First name Surname (if different) M F Day Month Year

School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Confirmation _____

Child

4. _____ Sex Birth date

First name Surname (if different) M F Day Month Year

School _____ Grade _____

Sacraments: Baptism _____ Eucharist _____ Confirmation _____

If children are not enrolled in Catholic school, are they

enrolled in any religious instruction course? Yes ___ No ___

Would like more information Yes ___ No ___