

ST. BASIL'S PARISH

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Registration Form

To be completed by each household member 18 years of age and over. All information confidential.

Please complete as minimally or with as much detail as you wish.

Today's Date:

Family Name: _____ Given Name(s): _____ Mr. Ms. Mrs. Miss Fr. Sr.

Address: _____
(street & no.) (city) (postal code)

Phone No. (H): _____ (W): _____ Fax No. _____ E-Mail: _____

Occupation: _____ Date of Birth (d/m/y): _____

Retired: Yes No Previous Occupation: _____

Baptized: Yes No Confirmed: Yes No

I am a new parishioner: Yes No If no, I have been a parishioner since: _____

Are you using St. Basil's envelopes: Yes No If yes, # _____ If no, do you want envelopes: Yes No

Spouse's Name: _____ R.Catholic Other: _____

Address (if different) _____ St. Basil's Other: _____

Number of people over 18 in your household (other than yourself)? _____

Children under 18 or Full-time Students living at home:

Given Name	Family Name	Date of Birth (d/m/y)	Male/Female	Baptism (Date?)	1 st Communion (Date?)	Confirmation (Date?)	Sunday School	School

Additional Information: About your children:

About yourself:

Other languages spoken:

Talents/skills/interests:

When completed, return form to office or put in collection basket. If envelopes requested, please check back table in 2 weeks.